Three Lectures

ON SOME

EFFECTS OF THE CLIMATE OF ITALY.

Delivered at St. Mary's Hospital

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LECTURE II.—(*October* 13, 1865.)

STATISTICAL OBSERVATION.

As a step towards gaining statistical evidence of the effects on the human body of the general atmospheric phenomena I have mentioned, I will compare the mortality of Genoa with that of London. These two cities resemble one another in containing a large manufacturing, commercial, and seafaring population, a nearly similar proportion of poor and of persons in easy circumstances, in the hygienic conditions of drainage and water-supply (which are of average character, not so bad as Naples, and not so good as they ought to be), in a great influx of strangers of all classes, and in the active industry and general robustness of the people. Genoa contains 120,000, and London 2,804,000 inhabitants; but the mere difference in population does not affect the propriety of the comparison, as both come equally under the category of great cities, and are liable to the same social causes of ill-health. This latter fact is proved, as far as it is capable of statistical proof, by the returns of the mortality from zymotic diseases. By the last annual return (1860) at Genoa, the class of small-pox, measles, and scarlatina ("*dermatosos*"), typhus and typhoid, pertussis and croup, together, caused 1 in 5·6 of the deaths; by the last annual return in London (1862) 1 in 5·2. The difference is less than the accidental annual variation. The authority I take for Genoa is a register of the mortality for the year 1860 by Dr. Giovanni Du Jardin;* that for London the Registrar-General's Report for 1862;† each, I believe, the last printed records on the subject in their respective countries. Unfortunately, the nomenclature and classification of causes of death are not the same in the two, so that it is impossible to make so accurate a comparison as could be wished, and I have thought it more conducive to a probability of true results to extract a few specimens of well-marked disease as examples, rather than to attempt to divide the whole into acute and chronic, degenerative and non-degenerative.

I will take first chronic diseases.

Anasarca, or *General Dropsy*, caused in London 1 in 93, in Genoa 1 in 239 deaths.

And with regard to this cause it may be remarked, that the real difference is probably much greater than would seem from the above numbers, for in England many deaths of anasarcous persons are registered as from "*Nephria*" or from "*Kidney disease*," which items do not appear at Genoa at all as causes of death.

The mortality by "*Kidney disease*" and "*Nephria*" in London was 780, in Genoa 0.

The *chronic affections of the respiratory organs*, which in England are registered as "*Asthma*" and "*Bronchitis*," in London caused 1 in 10, in Genoa only 1 in 20 deaths.

Pulmonary consumption is not included in the last item. It caused in London 1 death in 8, in Genoa only 1 in 13; and that Dr. Du Jardin considers extraordinarily high for Italy.

As respects *chronic affections of the nervous system*, I cannot find any cases recorded at Genoa of *Softening of the brain*, *Epilepsy* in London caused 1 in 180 deaths, in Genoa 1 in 253.

Among *chronic affections of the organs of circulation*, *Aneurism* in London caused 103 deaths, in Genoa 0.

Chronic affections of the other organs of circulation (that is, practically speaking, *of the Heart*) caused in London 1 in 27 deaths, in Genoa 1 in 33.

Cancer caused in London 1 in 50 deaths, in Genoa 1 in 64.

You may remark that in all these chronic diseases (which are the names followed by the highest numbers in the list capable of being considered as chronic) the mortality proportioned to the total is in each case greatly on the side of London; and, as a rule, the more decidedly chronic and degenerative the disease is, the more marked is the difference between the two cities. By the total of these chief chronic diseases it will be seen that the mortality is not far short of double that of Genoa.

But the difference is more than compensated when we come to examine acute and inflammatory affections.

Enteritis, *Gastritis*, *Diarrhœa*, and *Dysentery** together—that is to say, the most common affections of the digestive viscera caused in Genoa 1 in 8·9; in London but 1 in 30·3 deaths.

Acute affections of the respiratory organs caused in Genoa 1 in 9; while in London *Laryngitis*, *Pleurisy*, and *Pneumonia* (which is a fair rough representation of the Italian class) caused but 1 in 16.

Acute inflammations of the nervous centres, or *Encephalitis*, *Meningitis*, and *Spinitis*, caused in Genoa 1 death in 59; in London 1 in 119.

Apoplexy and *Cerebral congestion* caused in Genoa 1 death in 12, in London 1 in 40.

Acute inflammations of the heart caused at Genoa 1 death in 44; in London (where they are all classed as *Pericarditis*), only 1 in 606.

The total of these acute and inflammatory diseases shows in a striking manner their preponderance in the Italian city, their prevalence being considerably more than double that of London.

It is quite true that the proportions of acute and chronic represented by these numbers are not so different as I have stated in my last lecture to be reported to me by Italian physicians from their memory. But it must be remembered that the diseases here reckoned, even with the zymotics, do not represent much above two-thirds of the whole mortality. Many classes must obviously include both acute and chronic; and even of acute ailments it is often the chronic effects which in the end destroy life, and of chronic ailments the acute developments which are immediately mortal. In such an item, for example, as "*Convulsions*," which comprehends a very large section of the unclassified remainder in both registers, who can say which pathological condition is indicated? Again, Surgical Injuries may be fatal by acute lesions in one place, by chronic in another. Children who die *Teething* and the "*Esposti morti*"† have probably succumbed in London to one disease and in Genoa to another. I have no doubt that, if these classes could be analyzed, the evidence of the bills of mortality concerning climatic peculiarities would add force to the argument I have already inferred from it. I have no doubt that the fatality of degenerative and chronic diseases is really even greater in England and less in Italy than these limited examples seem to show.

* Saggio Statistico della Mortalità di Genova nell' anno 1860. Genova, 1864. Tip. de' Sordo-Muti.

† Published in 1864.

* I write down these together, because in a great number of cases, both in Italy and England, which of the four names is given depends on the taste and habits of the registrar.

† This is a singular class, to which there is no parallel in the English register. At Genoa, and at many other Italian cities, all illegitimate children are so much as a matter of course thrust into the turning-box at a foundling hospital, that Dr. Du Jardin divides all births into "Legittimi" and "Esposti." He conjectures that a few of the latter may be legitimate, put away by their parents because they are sickly or starving; but experience does not enable him to stretch his fancy so far as to suspect that any children born out of wedlock are ever kept by the mother. Of these "exposed" children, numbering 699 in the year, 336 were either taken out of the box dead or died within the current twelvemonth, so that the "*Esposti morti*" number nearly 1 in 18 of the deaths. The social bearing of the fact is obvious.

Table of Comparison of Selected Causes of Death.

		London.		Genoa.	
		No. of deaths.	Proportion to total.	No. of deaths.	Proportion to total.
	Total from all causes	67,371	—	4303	—
	Typhus, Typhoid, Small-pox, Measles, Scarlatina, Whooping-cough & Croup	12,915	1 in 5·2	779	1 in 5·6
Chronic.	Anasarca or General Dropsy	718	1 in 93	18	1 in 239
	Nephria and Kidney Disease	780	—	0	—
	"Asthma" and "Bronchitis," or chronic affections of the respiratory organs, except Consumption	6552	1 in 10	215	1 in 20
	Pulmonary Consumption.	7871	1 in 8	318	1 in 13
	Epilepsy	373	1 in 180	17	1 in 253
	Aneurism	103	—	0	—
	Chronic affections of Heart	2840	1 in 27	126	1 in 33
	Cancer	1335	1 in 50	67	1 in 64
	Total of chief chronic diseases, as above	20,572	1 in 3·2	761	1 in 5·6
Acute.	Acute affections of digestive viscera, or "Enteritis," "Gastritis," "Diarrhœa," and "Dysentery" ...	2310	1 in 30·3	480	1 in 8·9
	Acute affections of respiratory organs, or "Laryngitis," "Pleurisy," and "Pneumonia"	4021	1 in 16	450	1 in 9
	"Cephalitis," "Encephalitis," "Meningitis," and "Spinitis"	566	1 in 119	72	1 in 59
	Apoplexy and Cerebral congestion	1653	1 in 40	192	1 in 22
	Acute inflammations of the organs of circulation, or "Pericarditis"	111	1 in 606	97	1 in 44
	Total of chief acute diseases, as above, not including Zymotics ...	8661	1 in 7·7	1291	1 in 3·3

I will now compare, not the fatality, but the frequency of occurrence, of these diseases, among persons ill enough to seek the aid of a physician. There are very few records available for this purpose, and the best I have been able to find are those of the Ospitale Maggiore of Milan,* and those of St. Mary's Hospital in London.† The former are limited to the years 1858, '59, '60, but record the cases of 61,761 medical patients; the latter are spread over a period of nine years, ending with 1861, after which the register unfortunately ceased to be made up for publication. It takes in 7319 medical patients. I will arrange them in as nearly as possible the same order as the last lists—namely, first the abdominal, then the pulmonary, then the cerebral organs, and then those of circulation. The nomenclature is somewhat different from that of the bills of mortality, but at the two hospitals is sufficiently harmonious for the present purpose.

With *Bright's disease*, or dropsy with diseased kidneys, there were admitted at St. Mary's 232, or 1 patient in 31; at the Milan hospital 22, or but 1 patient in 2807.

I fancied at first there must have been a mistake here, and that at Milan they had got entered under another heading. I looked about for "*Nefria*," or some such correlative term to that adopted by our Registrar-General. But it does not appear. "*Nefrite*," indeed, is found, but it is evidently confined to real cases of inflammation of the kidneys, as still smaller numbers are entered there than under "*Malattia di Bright*."

With *Anasarca without diseased kidneys*, dependent on diseased heart, chronic bronchitis, or on no known cause, there were at St. Mary's 74 patients, or 1 in 98; at Milan Hospital 776, or 1 in 78. Here there might be a suspicion that the headings are not correspondent in England and in Italy, that slighter cases might be included in one which were otherwise registered at the other hospital. This suspicion, however, is dissipated by the mortality, which is as nearly equal as possible, amounting at St. Mary's to 35·3, at Milan to 33·8 per cent.

With *Ascites* there were admitted at St. Mary's 54, or 1 in 135; at Milan Hospital 625, or 1 in 98.

This would appear to depend on the greater prevalence in Lombardy of disease of the liver, to show which I have compared the number of cases of Hepatitis in the two countries. And I have entered this item among the chronic diseases, simply for the convenience of bringing it next to Ascites, not because I believe it to be chronic. It will be seen by the table that at Milan 464, or 1 in 133, were admitted with this morbid condition, at St. Mary's only 9, or 1 in 813.

With "*Chronic bronchitis*" or "*Bronchorrhœa*" at St. Mary's there were admitted 224, or 1 in 32; at Milan only 7, or 1 in 8823.

What these numbers show is not the absence to that entire extent in Italy of chronic bronchitis, but, at all events, the slight nature of the illness, which does not bring the patient to the hospital.

With *Pulmonary Consumption* there were admitted into St. Mary's 527, or 1 in 13; at Milan 1551, or 1 in 39.

Chronic diseases of the brain do not seem to be sufficiently numerous at Milan to be made into a separate class.

Aneurism of the aorta, again, is so rare there that it is hardly worth tabulating. There were but 4 cases, or 1 in 15,440; whereas at St. Mary's there were 29, or 1 in 252.

External aneurism seems to be nearly equally rare. There were at the enormous hospital at Milan only 6 cases, against the same number (6) at our little St. Mary's. I do not make a more rigorous comparison because I have not tabulated the surgical cases.

With *Organic disease of the Heart* there were admitted at St. Mary's 260, or 1 in 25; at Milan 1717, or 1 in 35.

The total of the above-named chronic diseases admitted was at St. Mary's 1412, or 1 in 5; at Milan 4702, or 1 in 13. So that it is clear that in prevalence, still more than in fatality, chronic disease in London has far greater importance than it has at Genoa. The fatality was nearly double; the prevalence is more than double.

In acute diseases the numbers are very different.

Enteritis, *Gastritis*, *Diarrhœa*, and *Dysentery* (which in this instance again I have thought best to add together, for the reasons before given), are represented at Milan Hospital by the number 7415, or 1 in 8; at St. Mary's by 90, or but 1 in 81.

Pneumonia and *Pleurisy* at Milan by 4904, or 1 in 12; at St. Mary's by 330, or 1 in 22.

It is clear, therefore, that the old idea of avoiding inflammation by sending patients to Italy is a very fallacious one; for the prevalence of inflammations of the lungs is, by the above numbers, nearly twice as great as it is in England.

The same may be observed of febrile *Bronchitis*, the line between which and pneumonia is very fine-drawn. With febrile *Bronchitis*, including influenza and acute catarrh, there were admitted into Milan Hospital 5668, or 1 in 10; into St. Mary's 245, or 1 in 29.

With *Acute Inflammations of the Brain* (*Encephalitis*, *Meningitis*) there were at Milan Hospital 513, or 1 in 120; at St. Mary's not half so many—namely, 29, or 1 in 252.

But the most remarkable difference appears in *Inflammations of the Spinal Cord*, of which disease, so rare with us, there were at Milan Hospital 475 cases, or 1 in 130; at St. Mary's there was only 1 in 7319. And a serious inflammation it is too; for of the 475 cases, 50 were fatal.

Apoplexy and *sanguineous congestion* I ranked at Genoa amongst the acute diseases, and found the mortality by it in that city nearly double that in London. As an hospital disease, however, it does not appear to be so prevalent: at Milan the numbers admitted were 230, or 1 in 268; at St. Mary's 90, or 1 in 81. In each instance the cases seem to have been of equal severity, half proving fatal—namely, at Milan 114; at St. Mary's 45. Though, doubtless, an acute disease, yet in so many instances the way for it is prepared by degenerative conditions, that I do not know if I have done right to put it in this class. However, as the only effect to make my argument slightly less strong, I have let it stand.

* Rendiconto della Beneficenza dell' Ospetale Maggiore, &c., del Direttore D. Andrea Verga. Milano. Tipografia di Manini. 1862.

† St. Mary's Hospital Annual Reports from 1853 to 1861 inclusive. "Summary of Medical Cases."

With *Pericarditis* and *Endocarditis* there were at Milan 316, or 1 in 195; at St. Mary's 119, or 1 in 53.

The prevalence of this acute inflammatory disorder at St. Mary's is explained by the large amount of *Rheumatic fever*, of which there were at St. Mary's 835 cases, or 1 in 8; whereas at Milan there were 3203, or only 1 in 19.

With *Erysipelas* there were at Milan 1000, or 1 in 61; at St. Mary's 69, or 1 in 106.

The proportion of deaths by Zymotic diseases in Genoa and London was so nearly equal that I excluded them from the calculation as not affecting the result. Here they are different, the numbers of *Typhous fevers* being at Milan 8226, or 1 in 7; at St. Mary's 471, or but 1 in 15. The comparison of Small-pox, Scarlatina, and Measles I do not make, because practically they are not treated in the wards of general hospitals in London.

Taking now the totals of the acute diseases named above, it will be found that at Milan they amount to 31,950, or 1 in 1·9; at St. Mary's to 2293, or but 1 in 3·2.

Table of Comparison of Hospital Patients.

		At Ospitale Maggiore, Milan.		At St. Mary's Hosp., London.	
		Number admitted.	Proportion to total.	Number admitted.	Proportion to total.
	All medical diseases ...	61,761	—	7319	—
Chronic.	Bright's disease, or general dropsy with diseased kidneys...	22	1 in 2807	232	1 in 31
	Anasarca without diseased kidneys, dependent on diseased heart, chronic bronchitis, or no known cause	776	1 in 78	74	1 in 98
	Ascites	625	1 in 98	54	1 in 135
	Hepatitis	(464)	(1 in 133)	(9)	(1 in 813)
	"Chronic bronchitis" or "Bronchorrhœa"	7	1 in 8823	224	1 in 32
	Pulmonary consumption	1551	1 in 39	527	1 in 13
	Chronic brain disease, softening, abscess, &c....	0	—	12	—
	Aneurism of Aorta...	4	1 in 15,440	29	1 in 252
	Organic disease of Heart	1717	1 in 35	260	1 in 25
	Total of the above diseases, except Hepatitis	4702	1 in 13	1412	1 in 5
Acute.	Enteritis, Gastritis, Gastro-enteritis, Diarrhœa, & Dysentery	7415	1 in 8	90	1 in 81
	Pneumonia and Pleurisy	4904	1 in 12	330	1 in 22
	Bronchitis (febrile) ...	5668	1 in 10	245	1 in 29
	Encephalitis, Meningitis	513	1 in 120	29	1 in 252
	Noteo-myelitis or inflammation of the spinal cord	475	1 in 130	1	1 in 7319
	Apoplexy and sanguineous congestion of brain...	230	1 in 268	90	1 in 81
	Pericarditis, Endocarditis	316	1 in 195	119*	1 in 53
	Erysipelas	1000	1 in 61	69	1 in 106
	Rheumatic fever, acute and subacute rheumatism	3203	1 in 19	835	1 in 8
Zymotic.	Continued fever—to wit, Typhus, Typhoid, Gastric, Catarrhal, Angiostenic & Typho-puerperal	8226	1 in 7	471	1 in 15
	Total of the above-named acute diseases	31,950	1 in 1·9	2293	1 in 3·1

* In 6415 patients in eight years; so one-eighth of that number has been added to the totals.

This collection of numerical facts, imperfect as it is, modifies in some degree, defines and explains the conjectures mentioned in my last lecture, as made by physicians in Italy, in respect of the comparative prevalence of acute and chronic disease in their practice. It shows—

First. That there is a remarkable excess in the mortality from chronic disease in London over that of an Italian town similarly circumstanced.

Secondly. That this excess in mortality arises from an excess in prevalence.

Thirdly. That this excess is most striking in diseases where the tendency to degeneration of tissue is the most marked, and the most directly the cause of disease—in such, for example, as morbus Brightii and aneurism. It is also very marked in the pathological changes of mucous membranes, which in England have a great tendency to pass into a chronic degenerative stage, and thus to destroy life. This is strikingly shown by the pulmonary mucous membrane. At St. Mary's Hospital, though the cases returned as febrile bronchitis are scarce above one-third of the proportion at Milan Hospital (1 in 29 against 1 in 10), yet the numbers of chronic bronchitis are extraordinarily disproportionate (1 in 32 against 1 in 8823).

Fourthly. The proportion of degenerative to other diseases is here exhibited in such classes as are wont to seek public aid in sickness, and is not confined to the easy classes. It may therefore with reason be attributed to the climate or endemic habits of life, and not to any peculiarities of class.

The mode in which atmospheric agencies produce their observed results upon a nation's health is of necessity so little understood that I am loth to occupy your time much with it. I say of necessity, because the laws of certain of the factors have so recently been made subjects of investigation, such as ozone, or so obscure, such as electricity and magnetism, that we know practically nothing of their influence, though we cannot suppose that influence null. I would merely remark the following peculiarities of life in Italy, which may reasonably be considered to have an effect on the general health:—

1. The country has a very long and very winding coast-line, bounded by a very large body of water of equalized temperature, and salter than our gulf-streams. It is not therefore so subject as we are to have cold and hot currents of air meeting one another, and precipitating their moisture on the land. At the same time the higher degree of saturation of the ocean makes it more ready to remove water, and less ready to communicate it, under varying temperatures, than in the Atlantic and North Seas. Hence the air is not only less rainy, but is clearer; that is, it has a minor degree of hygrometric saturation than in the British Isles.

2. The same cause renders the temperature more even.

3. There is a higher amount and degree of sun-light than in our skies, which makes all the vegetative departments of the vital processes more rapid and more vigorous, and quickens mechanism of the circulation.

4. These various influences combine to render the nervous system much more awake to the effects of alcohol; so that instinctively less quantities are taken to produce the required effects, and its deleterious degenerative consequences are hereby avoided. There are south of the Alps very few, if any, water-drinkers; but there are also very few indeed who indulge in strong drink. One does not "feel to want it." A single glass of orvieto there seems to produce as much exhilarating relief as an allowance of port or sherry containing five times the quantity of spirit.

5. The same observation may be made in respect of animal food. Less is felt to be required, and, moreover, a less rich or fat meat, than in Great Britain. Hereby is avoided the rancidity which is so familiar to us in slow digestions, and which we have to counteract by our remedies. I have heard it remarked that English physicians are always prescribing alkalies, whereas Italians find the great majority of their patients better for acids. I think this is explained by the acid fermentation of oily food which takes place in torpid stomachs in our country, and is less frequent in the south.

6. The nervous system, being less called upon for work, requires less repair, as is shown by sleep being light and short. This often makes travellers at first quite ill with anxiety about themselves: they know they suffer from want of sleep at home, and expect to suffer when it is deficient in Italy, till at last they find they get on as well without it.

7. All these causes together, and probably others combined with them, contribute to make all the vital processes, and especially the circulation, more active in the repair of tissues; and to this increased activity of repair I attribute the advantage secured by the climate of Italy in the cases alluded to.

8. There is no land where there is so much variety to divert the mind. It may be doubted whether the past, the present, or the future offers most there to attract. If none of the strata of historical relics interest the patient, he can still hardly help feeling their present picturesqueness, and the loveliness of the forms and colours by which they are surrounded; while to the social or political observer the specimen of a naturally intellectual people, bursting out for good and for evil into new life, is unique. He desires to live, were it only to see what becomes of them.

It is of such things, little in themselves and weak in separate action, that the sum of the specific influence of climate upon health is made up.

ON

STRUMOUS OPHTHALMIA, WITH REFLEX CONTRACTION OF THE ORBICULARIS PALPEBRARUM.

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THE term *strumous ophthalmia* may be considered somewhat indefinite, as it has been applied to various conditions of the eye by different authors; and, indeed, any form of inflammation of the conjunctiva or cornea, occurring in strumous subjects, may be called, with no great impropriety, strumous ophthalmia.

The particular affection to which, however, I wish to confine myself in this paper, is that in which *inability* to expose the eye to air and light, in consequence of spasmodic contraction of the orbicularis palpebrarum, is the primary and characteristic symptom.

Now this photophobia, as the symptom is usually termed, though not, perhaps, with rigid propriety, may exist in the most marked degree with little, or, indeed, with no appearance of inflammation of any of the ocular structures. A young lady, about ten or eleven years of age, of scrofulous diathesis, and who had recently suffered from disease of the os calcis, became affected with this photophobic condition of the left eye. The attack commenced whilst I was still watching her for the disease of the ankle, so that I had an opportunity of examining the part from the very beginning. There was no preceding redness or alteration in appearance of the conjunctiva or cornea, but the eye was kept spasmodically closed by the orbicularis muscle, a quivering contraction of which was plainly visible through the skin on looking at it closely, and she was quite unable, by any effort of the will, to overcome this spasm. During the whole progress of this case, on the few occasions on which I judged it expedient to forcibly separate the lids to examine the eye, though a gush of tears immediately took place, I still found the conjunctiva free from visible inflammation, the cornea clear, and the iris responding, though reluctantly, to the medicines employed. In this case, as treatment was adopted at once, and the patient favourably situated as far as circumstances were concerned, all inflammatory symptoms were kept off, though the photophobia continued, with more or less intensity, for many weeks. Ultimately it was completely relieved, and the eye left as perfect as the other one.

In most cases, however, when we first see the patient, some amount of inflammatory action is present, which often proceeds to a great extent. As the case goes on, if the patient is of impaired constitution and placed under unfavourable circumstances, and especially if violent treatment has been adopted, the lachrymation is very profuse and constant; the lids become swollen and their cutaneous surface irritated by the scalding tears flowing over them; the upper lip, too, may be in the same condition, from the tears which have run into and irritated the nose and thence poured down the lip. Sneezing often takes place likewise from the nasal irritation. The suffering from exposure of the eye to air and light is now so great, that the child not merely turns from the light, but buries its face instinctively in the pillows.

From the extreme spasm of the orbicular muscle there is great difficulty in viewing the eye, and frequently the examination can only be made with safety under chloroform. When the eye is opened there is a gush of tears; the eyeball is often turned up, as if still to escape the light; the conjunctival lining of the lids is very vascular and tumid; red tortuous vessels exist on the ocular surface, leading to phlyctenulæ or pustules; the cornea becomes hazy, perhaps ulcerated, and permanent opacities are apt to occur when the attacks are repeated and prolonged, or the treatment improper.

I have used the term *strumous ophthalmia*, as the affection I am alluding to is usually included under this name; though I believe, as I have already stated, that it may exist without any actual *ophthalmia*, and am not sure that it is altogether peculiar to *strumous* subjects; for we often see in struma smart inflammation of the conjunctiva and cornea, leading to pustules and phlyctenulæ, but attended with comparatively little inability to open the eye, so that we can use our local applications without much difficulty. In the cases I am attempting to describe, the primary and leading symptom is the contraction of the orbicularis palpebrarum, which is palpably independent of volition, and of a *reflex* character. But if reflex, it may be asked, Which are the excitor nerves concerned? Which is the part in an undue state of irritability? The term "photophobia" applied to this hyperæsthetic condition might lead us to believe that the retina and optic nerve are the sole parts abnormally excited, and this is perhaps the case in some instances; but that the ophthalmic branch of the fifth may also be excited we may assume, I imagine, from the following facts—namely, (1) that it is the orbicularis palpebrarum which is so strongly contracted, rather than the iris, the muscular structure more immediately in connexion diastaltically with the retina; (2) from intense photophobia being met with in some cases where so much opacity of the cornea exists as materially to interfere with access of light to the retina; and (3) from the mucous surfaces to which the first division of the fifth is distributed—conjunctiva, lachrymal gland, Schneiderian membrane—being those which become implicated if inflammatory action takes place; whilst, conversely, irritation of those mucous surfaces, or of the nerves supplying them, readily induces the reflex actions witnessed in these cases—namely, contraction of the orbicularis palpebrarum, lachrymation, sneezing.

Hence it may be suggested that the retina and optic nerve are not affected at all, and that the hyperæsthesia is really confined to the ophthalmic nerve. That this is not the case, however, is shown, I think, by the fact that it is not simply exposure to the stimulus of air and cold which induces the closure of the lids, but that *light* exercises a marked influence over it. For we often see a child whose head has been buried in the clothes all day get up at dusk, open his eyes, and even play about the room. Now light, which acts here as the stimulus, is not a simple but a compound agent, comprising not merely luminous rays peculiarly affecting the retina, but calorific and chemical rays as well, to which perhaps the afferent filaments of the ophthalmic nerve are sensitive.

We may suppose, then, that if in some cases the hyperæsthesia is confined to the retina or first nerve, more commonly the ophthalmic division of the fifth is implicated, and possibly it is the afferent or excitor, rather than the true sensory portion, which is originally affected, from the absence or slight amount of pain existing at first, in proportion to the reflex contraction. In most cases, however, the simple hyperæsthesia is very soon followed by inflammation, of a severe though low character, in the mucous membranes, conjunctival, lachrymal, and nasal, supplied by the ophthalmic nerve, and *then* we have abundance of *pain* superadded, of a burning or smarting character.

With respect to these inflammatory symptoms, which are so often tedious and troublesome, may they not really be due to the altered nutrition in the membrane, resulting from the abnormal condition of the ophthalmic branch of the fifth?—corresponding, in fact, though in a minor degree, to the condition which follows complete stoppage of nervous action; for we know that injury or paralysis of the ophthalmic nerve gives rise to low inflammation of the conjunctiva and cornea, rapidly passing on to sloughing and complete destruction of the eye.

It is not my intention to attempt any further description of these secondary or inflammatory results, with which we are all unfortunately so familiar, and which, indeed, have usually attracted the attention of authors somewhat to the neglect of the primary lesion; nor need I notice the increased development of the orbicularis muscle under the continued and violent contractions to which it is stimulated by the facial nerve. I may, however, point out, that if the view here advanced is correct, the first indication of treatment, in the form of strumous ophthalmia I am describing, must be to try to remove the *cause*—that is, the increased nervous excitability—before

we can expect to lose the *consequence*—that is, the conjunctival inflammation.

In most cases, indeed, this is done, sooner or later, by our routine treatment for struma—by those medicines and by that system of diet which tend to invigorate the system and assist the recuperative powers of nature; but certainly later, and with more damaged vision, in proportion to the amount of local violence we employ, to the activity of our irritating applications, and, above all, to the extent of the lowering and depressing system we may be tempted to adopt by the name "inflammation."

The relief of the hyperæsthesia, however, may, I believe, be greatly hastened, and the inflammatory symptoms held in check or prevented from leading to corneal mischief, by the use of belladonna, a medicine which would seem to be physiologically indicated from its effect on the iris and on the nervous system generally. The use of belladonna in this affection is by no means novel, though often overlooked. Prof. Koreff assured Mr. Middlemore* that he had "witnessed the most surprising benefit in the photophobia scrofulosa from the internal administration of belladonna." Baron Dupuytren, too, states that "inflammation of the retina, which very frequently attacks scrofulous children, and is characterized by horror of light, may no doubt be treated by bleeding, leeching, purgatives, setons, &c.; but experience has too often convinced me of the insufficiency of these means, and has consequently led me to seek for others. That which during ten years has succeeded best is the internal use of the powder and extract of belladonna."† The Baron's theory as to the existence of inflammation of the retina I believe to be erroneous, but the testimony to the beneficial effects of belladonna still holds good.

In the case to which I alluded in the beginning of this paper, I administered belladonna internally on the first occurrence of the photophobia, and under its use no inflammatory symptoms ever made their appearance. The health was kept up by tonics, and the eye (as well as the foot) was finally restored to a healthy condition.

Where the amount of spasm is not very great, and local applications can be employed without undue violence, atropine can be used directly to the conjunctiva itself, and the more readily if applied at night-time, when the spasm is at its minimum. In other cases, however, the eyelids cannot be separated without undue violence; so that it is often expedient, when we wish to examine the eye, to administer chloroform, which not merely enables us to "take stock" of the amount of local mischief, but even exercises a certain amount of curative action by its anæsthetic properties. In such cases the belladonna may be given internally, alone or with tonics, but it must be given in really large and increasing doses until the patient is fully placed under its influence.

One of the worst cases I ever saw, a patient in the Hospital for Sick Children, who had resisted, whilst under my care there, improved diet and all routine treatment, was placed by my colleague Dr. Jenner, whom I had requested to take charge of him, under very large doses of belladonna. In no long time the boy was running about the ward with his eyes wide open, instead of lying in his bed, with his head buried in the clothes, howling if touched, and his face perfectly disfigured by contact with the profuse and scalding tears.

I may mention as a great advantage, too, that there is no necessity to exclude the patient from light and fresh air (a deprivation in itself injurious to health, especially in chronic ailments), a simple shade or veil being usually sufficient to secure speedy comfort for the patient.

I have only referred to the employment of belladonna, but it is not improbable that stramonium and hyoscyamus, which resemble belladonna in their action, or even *conium*, might be of service; but of these I cannot speak from personal experience. Opium, on the other hand, which contracts the pupil, I have employed, but not with advantage.

It must not be supposed that in mentioning the benefit to be derived, as I believe, from the administration of belladonna I intend to suggest that this should constitute the only treatment. The ordinary hygienic regimen, as regards diet, exercise, pure air, warmth, and cleanliness, is required. The same attention should be paid to the secretions and to the building up of the general powers of the system as is usually employed; and any local results of inflammatory action which may have occurred will still make full demands on the skill, the tact, and the patience of the surgeon. It is for the relief of the *reflex spasm* that the belladonna is administered, and if it effect this, the first and most difficult step towards reparation is taken; for whilst the eye is kept rigidly closed, the normal nutrition of the part is impaired, the unhealthy action is progressing, and the employment of local remedies is prevented or impeded.

I think it right to add that, though the views I have put forward were arrived at and committed to writing long since, I have found, whilst putting this paper together, that the same theory has been advanced in a very excellent essay by Dr. Thorp in the *Dublin Journal*, and which I have just read for the first time. Dr. Thorp does not, however, mention the treatment by belladonna, but recommends in inveterate cases, and especially in those complicated with cutaneous affections, the internal administration of arsenic.

The principal points in this paper may be stated concisely as follows:—

1. One form of strumous ophthalmia is characterized by *inability* to open the eye, in consequence of *involuntary* contraction of the orbicularis palpebrarum.

2. This reflex contraction is in relation with hyperæsthesia of the retina or first nerve *alone*, or (more generally) of the ophthalmic branches of the fifth likewise.

3. The hyperæsthesia of the conjunctival, lachrymal, and nasal branches induces the reflex acts of closure of the eyelids, lachrymation, and sneezing.

4. The hyperæsthesia is occasionally uncomplicated; but, in most cases, it is soon followed by low inflammation of the conjunctiva, cornea, &c., dependent possibly on the impaired nutrition of the membrane from the altered nervous action, as well as from the mechanical irritation of the parts.

5. For the relief of this hyperæsthesia and spasmodic contraction of the lids, such medicines as belladonna, hyoscyamus, conium, or stramonium, which allay nervous sensibility and relieve spasm of the sphincters, would seem to be indicated; and of these, belladonna certainly has been found to be practically useful.

Regency-square, Brighton, Oct. 1865.

* Middlemore on Diseases of the Eye, vol. i., p. 243.
† Middlemore, vol. i., pp. 242-3.

ON A CASE OF

PUERPERAL CONVULSIONS TREATED BY CHLOROFORM.

INDUCTION OF PREMATURE LABOUR.

BY FREDERICK CLOWES, M.R.C.S.

MRS. J—— consulted me on Monday, Feb. 21st, 1865, on account of slight dyspnœa, which she attributed to cold incurred when standing for some time on the ice the day previous. She had arrived at the end of the seventh month of her pregnancy, and prior to this had enjoyed good health. On examination, I found the pulse very slow, 46 per minute; she had no sickness, pain, or other ailment. The urine passed was copious, largely deposited urates, and was free from albumen. Diaphoretics and aperients were administered, and the symptoms were relieved by the next day. Improvement continued until Saturday, the 25th, when the pulse and respiration were natural; but headache and facoache were much complained of. At three A.M. on the 26th she was seized with a severe convulsion, and my partner, Dr. Hamilton, immediately saw her. Cold was applied to the head, and an enema was administered, which was followed by a free evacuation. Within a very short time she had another fit. On examining the urine passed, it was found loaded with albumen. She was then enveloped in a blanket wrung out in very hot water, and being thoroughly packed in it she rested for some hours. We now obtained the advice of Mr. Gough, of Kendal, who remained with us until evening. Professor Simpson was also telegraphed for; but the arrangement of Sunday trains prevented him coming on that day. The free perspiration induced by the blanket-bath brought no relief; but a third and then a fourth fit seized her. The inhalation of chloroform was now begun, and encouraged by a telegram from Dr. Simpson to "keep down the fits by much chloroform," she was kept under its influence for about two hours, during which she lay undisturbed. About an hour after its withdrawal she was thrown into another fearful fit, which left her so long pulseless and without any appearance of life as to make us despair of her ever rally-

ing. This was succeeded by long and deep coma, which was shortly after interrupted by another fit of a milder character than the former.

We now determined that she should be kept under the deep and continuous influence of chloroform; and from half-past two P.M. on Sunday until half-past eight A.M. on Monday she was maintained in a state of complete anæsthesia. Occasionally during that time symptoms of returning convulsions showed themselves, but were as quickly assuaged by a more liberal use of the chloroform. On discontinuing the anæsthetic on the Monday morning, she awoke in a perfectly natural state. Late on Sunday night a quantity of urine had been drawn off by the catheter, and was found to contain much blood and albumen; but on examining that obtained on Monday morning, there was a marked decrease of both. Cold was applied to the head from the first, and continuously; and in the forenoon of Sunday a drop of croton oil was placed on the tongue, which, in the course of three hours, effectually operated upon the bowels. The administration of vinegar was also attempted, but had to be given up, as any attempt to swallow fluids induced convulsive symptoms. Mr. Gough met us again in consultation on Monday morning, and we resolved that, as Dr. Simpson's arrival was expected at four P.M., we should refer to him the question of induction of labour. Up to the arrival of Dr. Simpson in the afternoon, the patient continued to improve. On careful examination, he (Dr. Simpson) detected very feeble action of the fœtal heart, and gave his opinion that the child might possibly live. On now examining the urine last passed, it was found less albuminous. After full consideration, Dr. Simpson concluded—

1st. That there was a probability of both mother and child recovering.

2nd. That if the child lived, it would be most hazardous to allow the mother to go on to her full time, because, sooner or later, the convulsions would be certain to return, and recur at short intervals until the expiry of gestation, and the patient could not be expected to survive a repetition of such an attack as she seemed now emerging from.

3rd. That if, on the other hand, the child died, it would be naturally expelled, most likely in a short time, thus rendering any interference unnecessary, unless in the event of an increase of the albumen threatening a return of the convulsions, in which case interference would not only be warranted, but absolutely necessary for the safety of the mother.

On the following day (the 28th) slow improvement could still be observed, and the amount of albumen was decreasing.

March 1st.—Patient in much the same condition. Fœtal pulsations stronger.

2nd.—Fœtal heart heard distinctly. Albumen less.

3rd.—Fœtal heart less audible. Only a trace of albumen.

4th.—Fœtal heart inaudible.

5th.—Notwithstanding the most careful auscultation, no fœtal bruit could be heard. An examination of the urine revealed a decided increase in the quantity of albumen, and this was accompanied by some œdema. In the evening a further examination showed a rapid and increasing return of albuminuria, and, dreading the danger of a recurrence of convulsions we at once decided to induce labour. I adopted the plan recommended by Prof. Simpson, of introducing into the uterus an elastic catheter, and leaving it there until labour is fully established. On auscultation of the abdomen I detected no placental souffle anteriorly, but found it very distinct far back on the right side. Having therefore inserted the point of the catheter between the membranes and the neck of the uterus anteriorly, I withdrew the wire, and passed the instrument into the cavity of the uterus without meeting the least resistance. In the course of three hours pains of labour came on, and were ushered in by a slight discharge of blood, which continued for some little time. The patient was chloroformed, and kept so during the labour; and no symptoms of convulsions displayed themselves. A few hours sufficed for the membranes to dilate the os uteri, and the catheter was withdrawn. The membranes were carefully preserved until the os uteri had been thoroughly distended and the head had descended to the perineum, so that when the liquor amnii was discharged the head was soon born. The child, however, manifested no signs of life, and all efforts to induce respiration were in vain. A rather free discharge followed the expulsion of the placenta, and the patient was thrown into an alarming state of prostration. Brandy and champagne were vomited, and a little blood was visible in the fluids ejected. The administration of ice, however, had a good effect, and she rallied towards evening.

Her convalescence was slow, but the albumen gradually diminished, and within a few weeks was entirely absent. She has now recovered.

Remarks.—In the case above reported there are suggested practical questions of immense importance. Previous to her attack of convulsions the symptoms were by no means sufficiently urgent to warrant the induction of premature labour. After the commencement, and during the period of their invasion, however, such a measure might have served to abate them, but would certainly have been fraught with great danger, seeing that the slightest noise or disturbance—the attempts she made, for instance, to swallow fluids—immediately induced a fit. I attribute the cessation of the convulsions to the *full* and *continued* influence of chloroform. During the eighteen hours fourteen ounces of the anæsthetic were used. Dr. Simpson suggests that the sugar obtained by the system from the chloroform has a beneficial effect upon the poisoned blood. Be this as it may, the blood was evidently in this case thoroughly saturated with the poison, and the effect of the chloroform was much calculated to diminish the super-polaric condition of the nervous system, and thus, by preventing convulsions, to preserve life until the poison was eliminated. Prior to its induction there was no prospect of labour occurring spontaneously. The pressure of the gravid uterus had again rendered the urine so heavily albuminous as to make it perfectly necessary to relieve that pressure, and so avoid a recurrence of the convulsions. Bleeding, be it observed, was not had recourse to. I deemed it out of the question, as the patient was already anæmic, and the state of prostration and shock which followed delivery made me glad that I had not adopted such a measure. Past experience has made me question much the propriety of bleeding in cases of so-called uræmic poisoning.

Soon after the above case occurred, I was called to another of a similar nature. The convulsions in this case were truly puerperal, supervening ten days after labour, and were successfully treated by chloroform. The patient was a healthy young woman. It was her second confinement, and her labour was natural. Prior to her attack her progress had been satisfactory. The fit seized her one evening on her first attempt to rise; it was slight, and no other followed until the next evening. The state of the uterus, lochia, &c., was natural, and the urine free from albumen. On the following evening a succession of severe fits took place at short intervals. She was now kept under the influence of chloroform for the night, and on withdrawing it in the morning she awoke feeling very well, and again continued so until evening, when another severe fit occurred. She was again chloroformed for some hours, after which she enjoyed a good night's rest, and remained comparatively well during the following day. As night approached, however, symptoms of a return of the fits showed themselves, so that with the view of warding off what seemed now to be a periodic attack, chloroform was at once administered. She was maintained under its influence for three hours, and the desired effect was gained. During a week or more after this, premonitory symptoms of convulsions manifested themselves nightly, but were as often averted by a full dose of the anæsthetic. The subsidence of the convulsions was succeeded by a pain in the right side of the chest, accompanied by cough, and after a few days she expectorated an immense quantity of extremely fetid matter. This continued in a greater or less degree for nearly a fortnight, but afterwards gradually subsided, and she has now completely recovered.

Windermere, Oct. 1865.

CASE OF ANEURISM OF THE THORACIC AORTA.

By JULIUS POLLOCK, M.D.

In the early part of the present year, J. S——, aged forty-seven, consulted me for a pain in the loins, more severe on the right side, which he took to be lumbago. The urine was high-coloured, but contained no albumen. I gave him alkalies, and ordered a belladonna plaster, eight inches by four, to be applied to the back, opposite the seat of pain. These measures relieved him, and subsequently I ordered citrate of iron and quinine, which seemed to strengthen him and give him appetite. He was a thin spare man, rather below the middle height, with a cachectic look.

For some months after I attended him he went on pretty well, but he seems never to have lost the pain in his back altogether. About the middle of July last, however, his wife

sent for me, as she said he was not at all well. I found him in bed, still complaining of the old pain in the back, which he now said extended round in front into the right iliac region. He said the pain was very severe, of a lancinating character, and at times "almost drove him mad." The bowels were constipated, and had not been relieved for two days. There was some fulness of the abdomen, and the liver extended below the umbilicus. It could easily be felt and mapped out, and its surface seemed to be quite smooth. Pressure over it gave great pain, especially in the right hypochondrium. The patient described his pain as beginning in the back, and extending forwards along the right side into the right groin. The urine was somewhat scanty and high-coloured, but contained no albumen. There was a very sallow look about the man, and the conjunctivæ were rather yellow. He confessed to having drunk, now and then, rather freely. I gave him four grains of calomel and one of opium, with castor oil subsequently, which freely moved the bowels and gave some temporary relief. Afterwards I blistered the skin over the painful part of the abdomen, and that seemed somewhat to allay the pain. Gradually, however, the pain got more intense, amounting at times to agony; and as he did not bear simple opium well, I tried Davenport's chlorodyne, which deadened the pain and gave great relief, though he could not get to sleep. I began to think he must be suffering from some malignant disease, probably of the liver; and I hinted to his wife that I feared he might not recover. He took brandy-and-water, arrowroot, jelly, and such light puddings as he fancied; but from the first his appetite was very bad. He went on for some time in this way, and once or twice I thought there was a systolic bruit at the apex of the heart, but I could not be quite sure. Latterly the superficial veins of the abdomen became large and prominent, and some œdema of the legs and ankles came on. He complained also of great pain about the right shoulder-blade, and of rheumatic pains in his legs.

On the 15th of August he was evidently much worse, but thought himself better, as the pain, he said, had almost left him; but he complained of shortness of breath. The same evening, Dr. Bealey, who was kind enough to call and see him at my request, found that the whole of the right side of the chest was dull, and apparently full of fluid. He ordered some linseed and mustard to be applied as a poultice. I called to see him next day (the 16th) and heard that he had died at six o'clock that morning, quite quietly, having just said to his wife that he had a peculiar feeling about the epigastrium. I asked for a post-mortem examination, and consent was given. It was performed at four o'clock the same afternoon, and I found the following:—

Autopsy.—The right pleura was full of blood, which had separated into clot and serum, and the right lung was compressed and carnified. Left lung and pleura healthy. On removing the viscera, I found a large aneurism of the thoracic aorta, about as big as a child's head, which had burst into the right pleura. It was full of clots, the outer ones being pale and fibrous. It was firmly attached to the vertebral column, and had terribly eroded four or five of the dorsal vertebræ. The heart was fairly healthy. The liver was not very large, but I suppose had been pushed down by the aneurism. It was slightly cirrhosed. The kidneys were healthy, but much congested. The intestines were pale, and the peritoneum was natural.

I should have liked to have made careful examination, but, being in a private house, I was obliged to be content with the above particulars.

Montague-place, Russell-square, Oct. 1865.

VITAL STATISTICS OF ICELAND AND REYKJAVIK DURING THE LAST DECENNIUM.

BY DR. HJATELIN.

SINCE Dr. Schleisner, in the year 1849, wrote on the medical statistics of Iceland, little has been done but what may be found in the general statistics of this island, which appear in a yearly book, entitled "Skyrslur um Landshagi á Islandi" (Statistical Reports of Iceland). Although that work is exceedingly well compiled, and of great value as reports of different economical and political affairs, it cannot, from its nature, be expected to go deeply into medical statistics.

Having now practised in that country for more than ten years I have collected the vital statistics for the last decennium, and arranged them in the following tables. One of these tables includes the whole island, and the other the little town of Reykjavik. Both these tables are constructed on reliable reports, and are in that respect perhaps more accurate than the Icelandic vital statistics of Dr. Schleisner, which, although collected with great care, are, from want of authentic antecedent reports, to be viewed rather as a probable calculation of the vital statistics of Iceland, than as true vital statistics of that country.

TABLE I.

Showing the Population, Births, Deaths, and number of Still-born over the whole Island during the last Decennium of 1854—1863 *inclusive.*

Year.	Population.	Births.	Deaths.	Deaths in the 1st year.	Deaths from the 1st to the 15th year.	Still-born.	Death-rate per cent.
1854	63,874	2557	1509	740	150	75	$2\frac{4}{10}$
1855	64,483	2499	1890	657	155	55	$2\frac{9}{10}$
1856	65,836	2477	1485	605	194	60	$2\frac{3}{10}$
1857	66,929	2748	1655	629	348	82	$2\frac{5}{10}$
1858	67,847	2937	2019	685	382	80	3
1859	67,954	2680	2573	832	461	80	$3\frac{7}{10}$
1860	66,839	2460	3326	849	1028	70	5
1861	66,973	2525	2391	708	645	80	$3\frac{5}{10}$
1862	66,792	2693	2871	895	395	90	$4\frac{3}{10}$
1863	67,326	2649	2115	580	253	97	$3\frac{1}{10}$
Total	...	26,225	21,834	7180	4011	769	...

TABLE II.

Showing the Population, Births, Deaths, and number of Still-born in the Parish of Reykjavik during the Decennium of 1855—1864 *inclusive.*

Year.	Population.	Births.	Deaths.	Deaths in the 1st year.	Deaths from the 1st to the 15th year.	Still-born.	Death-rate per cent.
1855	1774	61	50	10	5	1	$2\frac{8}{10}$
1856	1763	55	55	20	19	2	$3\frac{1}{10}$
1857	1792	57	51	13	5	5	$3\frac{1}{2}$
1858	1839	50	50	13	8	2	$3\frac{7}{10}$
1859	1893	62	59	12	6	1	$3\frac{1}{2}$
1860	1877	59	61	9	12	3	$3\frac{1}{2}$
1861	1916	56	36	4	4	...	$1\frac{8}{10}$
1862	1916	47	54	8	8	1	$2\frac{8}{10}$
1863	1960	72	50	14	6	2	$2\frac{6}{10}$
1864	1990	58	42	10	...	...	$2\frac{1}{11}$
Total	...	577	508	113	73	17	...

I find it necessary to make some observations relative to these tables. The decennium here spoken of is very remarkable, not only on account of many epidemics which made their appearance during the time, but also for the severity of our climate during the same period. Cold winters, with a heavy drift of polar ice, heavy falls of rain and snow, sometimes even during the summer months, have been very destructive, not only to sheep and cattle, but also to human life. In order to show this more clearly, the following remarks on the climatology and epidemiology for each year seem requisite:—

The year 1854 was remarkably cold and stormy; summer season rainy; no epidemics.

The year 1855 was very favourable; winter mild, and hot summer. Influenza was very common during the summer months, but which occasioned only little mortality among the inhabitants.

In the year 1856, there was a cold winter and spring. An outbreak of diphtheria took place in Reykjavik and surrounding parishes, and a sporadic typhus in the northern part of the island.

In the year 1857 the winter was very severe, and there was a heavy drift of the polar ice to the north part of the island. Diphtheria still raged in Reykjavik and its neighbourhood; typhus now began also to be more frequent.

The winter of 1858 was also very severe, with a continuance

of the polar ice; diphtheria now began to spread to the northern and western parts of the country.

The winter of 1859 was extremely severe, with a drift of polar ice to the north, east, and west parts of the island; hard freezing, even during the spring, so that sea-water in some firths of the west part of the island froze to a depth of more than fifty feet. Typhus now began to spread over the whole country, accompanied by typhoid fever and dysentery.

The winter of 1860 was mild, but the spring extremely cold, with tremendous ice-drift to the north part, occasioning great loss of sheep and cattle, and consequent scarcity of food. Typhus and typhoid fever raged with tremendous severity throughout the whole country.

The winter of 1861 was mild, the spring warm, and the summer season unusually mild and fine. Many sporadic cases of diphtheria occurred, and severe rheumatic affections and fevers were common.

The winter of 1862 was rather cold and stormy; the spring and the summer exceedingly cold and dry. About the 13th of May a very common and malignant influenza broke out in Reykjavik, and spread during the following two months over the whole country. It was one of the most dangerous and malignant epidemic catarrhs that ever visited the island, augmenting the mean death-rate in the whole island by nearly 2 per cent.

The winter and spring of 1863 were cold, and the summer cold and rainy. Epidemic pneumonia was very common over the whole island, and occasioned in many places a great mortality amongst the inhabitants, where no medical aid could be obtained.

The winter of 1864 was very stormy and rainy, but the spring and summer were warmer than usual.

It is stated by Dr. Schleisner that the great mortality amongst the inhabitants of Iceland is founded on two principal causes—viz.: 1st, on the great mortality of infants in the first year; and 2nd, on the epidemics, which, on account of the want of medical aid, become more dangerous here than in any other part of Europe.

The mortality of infants in the first year has, according to the general registers, often been enormously high; and thus we find in the quinquennium of 1851–1855 the death-rate of this class to be no less than 40 per cent., and in the quinquennium of 1856–60 39 per cent.; but, taken on the whole in the last decennium, the death-rate during the first year is equal to nearly 33 per cent., or about 8 per cent. more than the mean death-rate of this age is found to be in England and most other countries of Europe, where the average mortality of infants during the first year is calculated to be 24 to 25 per cent. For the town of Reykjavik the mortality of infants has been very low, little more than 19 per cent., and had this low rate prevailed in the whole country during the ten years referred to, 15 or 16 per cent. of infant life would have been spared every year. The death-rate of children from the first to the fifteenth year has, for the whole country, been 11·91, or one-half of all the deaths in this period. For Reykjavik it has been far more favourable, or about two-fifths of all the deaths.

The greatest destruction of infant life in Reykjavik during this period was occasioned by diphtheria. This disease prevailed extensively during the years 1856, '57, and '58, when the mortality of children from this cause rose to 4 per cent. The greatest mortality for the whole island was in the year 1860, when it was found to have been 5 per cent. of the whole population; for Reykjavik it was far less—viz., 3·50 per cent. In the year 1862 the mortality for the whole island was 4·30 per cent.; for Reykjavik 2·80 per cent. In former epidemics of this kind, however, the statistics were not so favourable for the town, for in the year 1834 the mortality from influenza, both for Reykjavik and the whole country, was about 5 per cent. of the entire population; and in the year 1843, when an epidemic of the same kind made great ravages, the deaths were found to have been about 5 per cent. as well for the town of Reykjavik as for the whole country. I cannot, therefore, help thinking that my treatment of the recent epidemic of influenza (described in a late number of the *Edinburgh Medical Journal*) has been very successful; and it seems to me, that I might claim the same success for the treatment of the last typhus epidemic, as the mortality was far less—nearly 2 per cent. lower—than for the whole country. It might certainly be supposed that our little town was far more favourable for longevity than the country; but this cannot be demonstrated. On the contrary, we find the town of Reykjavik more unhealthy than the country, not only on account of its low situation at the sea shore, but because of the position of the surrounding hills and the existence of a lake at the south side of the town filled with stagnant, muddy water, which very often gives rise to unhealthy exhalations. Besides this, the majority of the population consists of fishing people, who live in small, badly ventilated, and often not very clean, huts, who use very little milk or meat diet, which is abundant in the country, but live on all sorts of fish, both salted and dried, without due proportion of vegetables and condiments. Some of these people are also inclined to over-indulgence in strong liquors, so that delirium and other maladies resulting from intemperance are of not unfrequent occurrence.

While investigating the mean death-rate in the different parishes of Iceland, I found out a parish unusually favourable for longevity: this is the parish of Pingvalla, where the old Diet assembled for nearly ten hundred years. This parish is very small, and has about 130 or 140 inhabitants; and out of this population only 12 deaths have occurred during the last decennium, half of whom were more than sixty years old, and a third nearly ninety years old. The geological features of this parish are very interesting, the whole parish being situated on a great lava current, which one time flowed from the large but now extinct volcano, "Skjaldbreid." This lava stream is now all overgrown with small birch trees, and has the clearest and purest drinking water I ever saw in my life. The elevation of the lava stream above the sea level is very considerable, I should think about 800 feet. There are no bogs to be found in the whole parish; it is therefore free from all bad exhalations. I am about to visit this place, in order to find out from the parish books the mean death-rate of the population as far back as possible.

Reykjavik, July 3rd, 1865.

ON A

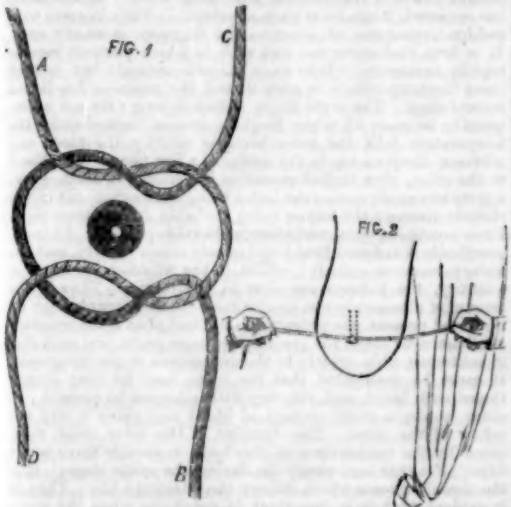
NEW MODE OF ARRESTING HÆMORRHAGE BY TEMPORARY COMPRESSION.

BY FREDERICK CHURCHILL, ESQ.

THE very rapid success which has attended the introduction of acupressure as a hæmostatic agent in surgical operations, and its speedy adoption by many of our most distinguished surgeons, is sufficient proof that the ligature, though employed with such success for a number of years, is not the best mode of arresting arterial hæmorrhage. Still the very fact that the advocates of acupressure have hitherto failed to produce a single valid argument to prove the advantages of acupressure over those of the ligature, except as a temporary compressor of the bleeding point, is sufficient to induce us to give further consideration to the claims of the latter. With this view I began to consider how we might combine the advantages of each, avoiding all the disadvantages, or, in other words, to secure the artery against the risks of secondary hæmorrhage by a ligature removable at will. The result of my investigation is the knot I am about to describe. Take two ligatures of the ordinary length, and tie upon them a reef-knot. This may be either prepared beforehand, and kept slack, so as to be slipped over the head of the forceps when the artery is seized, or, with the help of an assistant, it may be easily tied at the time of the operation. The form of knot may be better understood by referring to Fig. 1. In the centre of it is a transverse section of the gutta-percha tube described below. When the knot is made fast, cut close either A and B or C and D, the remaining ends being arranged on each side of the flap (*vide* Fig. 2). Where several ligatures are employed, it is advisable to tie the corresponding ends over the face of the stump. When the artery is occluded, which, I believe, will prove to be in a much shorter time than with acupressure, a gentle and equable pull of the corresponding ends in a straight line will untie the knot. The fact that the middle coats when divided will retract, renders it certain that the risks of secondary hæmorrhage are less than when the needle is used, and, consequently, an earlier removal of the ligature can be effected with safety.

Should the objection be raised that "in sponging the flap you may untie the knot,"—I have found by experiment that it holds as firm as the old ligature, except when counter-traction is made upon the corresponding cords, which never would be the case when sponging; or that "in removing the knot you disturb the artery,"—I maintain, on the contrary, that the removal of the knot *may* tend to occlude the artery more effec-

tually, by twisting it upon itself, and cause the formation of an external clot within the sheath to support the internal coagulum. In order to test the resisting power of the knot to the current of blood in the artery, I made a number of experiments which prove that the single reef is quite sufficient to hold any artery. For instance, I took a piece of thick elastic tubing about three inches long, to one end of which I fastened my knot, and into the other end I inserted the nozzle of a very powerful syringe, the piston-rod being an inch in diameter. I then handed it to a sceptical friend, who injected water into the tube, but with all his force he failed to dilate the knot. This he acknowledged quite convinced him. Still, in order to combat, if possible, all the objections that may be raised, I experimented with the double reef—i.e., a reef-knot on either side of the artery, which has of course double the strength of the old ligature; and I removed this also with comparative ease, though not quite so readily as the single reef.



I am therefore sanguine that, should my future experiments on living animals confirm those I have already made, my plan will become generally adopted. With these few remarks, I beg to leave the suggestion in the hands of the profession, who I have no doubt will give it an unbiased reception, if it prove worthy of recognition at all.

Oct. 1865.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

CASES ILLUSTRATING THE VARIOUS OPERATIONS APPLICABLE FOR THE CURE OF CATARACT.

(Under the care of Mr. ERNEST HART.)

MR. HART has recently had under treatment at the above hospital a series of cases of cataract, which were interesting in that by their variety they afforded ground for separate consideration, and were treated, according to the principles which Mr. Hart now lays down in his lectures, not by one uniform method, but by different procedures, varied according to what are conceived to be the exigent characters of the respective cases.

The first of the series was a female patient, aged fifty, the wife of a respectable man, but herself a hard drinker. She was a very unfavourable subject, loaded with fat, with red and inflamed face, liable to fainting fits, having fatty heart, and also subject to severe angina. She could seldom rest lying down in bed, and was prone to erysipelas. She ate little solid food, but craved for stimulants. Extraction by the ordinary method twelve months since, attempted on the left eye, had ended in suppuration of the corneal flap, and had failed to restore sight.

In this case, Mr. Hart, in operating on the right eye, chose the operation of linear extraction, with iridectomy, but divided it into two periods. He performed first an upper iridectomy, and three weeks afterwards he extracted the lens by *a linear* operation. He stated that he believed that in this way the risks of the operation of extraction are reduced to a minimum. The preliminary iridectomy, in a case where cataract already exists, is devoid of any serious danger. It has the great advantage of diminishing tension of the eyeball, or subsequent tendency to cyclitis; and by removing the risk of bruising the iris in extracting the cataract, does away with a source of accident. By stopping at this point, and not proceeding at once to extract the cataract, all complication is avoided. The vitreous humour cannot escape, and the traumatic injury to the eye is so slight that very little reaction follows. In the same way when, three weeks afterwards, the cataract is extracted by linear incision, that operation is thus reduced to its simplest elements, and the chances of failure are materially lessened by eliminating causes of accident. Mr. Hart attributes many of the most serious accidents that in bad cases follow the performance of the flap operation—which in good cases is so brilliantly successful—to the free section of the cornea necessary for the removal of the lens, and the destruction of the natural tension of the eyeball. It is under this provocation that intraocular hæmorrhage is apt to follow in the case of diabetic cataract, or where cataract is coincident with extensive atheroma; and general suppuration of the eyeball, when it occurs, may be considered to be possibly due to the hæmospasy following this sudden and complete removal of all the natural tension. In the linear section this is by far less considerable, and the displacement of the incised edges being less, a union within twenty-four hours by first intention may frequently be obtained.

In extracting by this method Mr. Hart uses the following instruments: a wire lid-speculum, to which he has added a circular rack, so as to regulate the extent of dilatation, and to prevent the spasm of the lids from affecting the eyeball (see THE LANCET, vol. i. 1864, p. 632); a pair of fine straight iris forceps and angular scissors. He fixes the eyeball himself with broad-pointed forceps, guarded so as not to crush the conjunctiva. The operation of iridectomy may be thus performed without the intervention of any assistant except to excise the iris, under direction, when drawn out. The subsequent extraction may be performed wholly without assistance. For this Mr. Hart uses a broad, sharp lanceolar knife, a capsular needle, and a modification of Schüft's spoon, either his own or Mr. Critchett's vectis spoon.

The patient in this case did perfectly well, and Mr. Hart referred to two others during the year—one of diabetes mellitus in the hospital ward, and another, a private case from Dr. Allan, where the patient was in advanced years, in very feeble health, the subject of weekly attacks of gout and constant vomiting,—where the same method had been successful. These three were all cases calculated to test very severely the applicability of any proceeding, and especially the last. Age and debility are not very encouraging, periodic gout is highly disadvantageous, and a habit of frequent vomiting almost a fatal counter-indication for a flap operation. The three together constituted as formidable a complication as could be encountered. The operation, moreover, was the more fully tested that all the difficulties had to be actually endured by the patient. She vomited constantly after the operation. She was taken with gout, and had gouty inflammation of the eye on the third day, and could with difficulty be nourished. Under all these disadvantages the eye did well, and the patient can see. In the case of Mrs. M——, just referred to, the result has been a perfect success.

In the other cases of the series, Mr. Hart indicated in like manner the clinical peculiarities which had guided him in operating, and we shall complete the record subsequently.

UNIVERSITY COLLEGE HOSPITAL.

THE THERMOMETER IN ACUTE DISEASE: CASE OF RENAL INFLAMMATION FOLLOWING SCARLATINA; CLINICAL REMARKS.

(Under the care of Dr. SYDNEY RINGER.)

THE use of the thermometer, first brought prominently forward by Antonius de Haen at Vienna, and since advocated amongst others by Wunderlich and Virchow in Germany, Parkes and Ringer in this country, is daily becoming a more important feature in medical diagnosis. Already, according to these observers, we are enabled by its careful application in very many cases to distinguish the various forms of fever, to judge of the severity of the attack in cases of acute rheumatism, pneumonia, tuberculosis, &c., and to recognise very early an unfavourable change in the course of many disorders. It is not too much to predict that ere very long it will be thought as necessary to note the temperature of the body in figures as it is now to record the number of arterial pulsations, and the vague expressions, "skin hot," "skin cooler," &c., will cease to find a place in accurate records of disease. We are glad to present our readers with some interesting remarks made by Dr. Ringer upon this subject when referring to a case of scarlatinal nephria.

E. W——, a female, aged ten, was seized with scarlet fever on April 3rd. The attack terminated favourably; and the patient progressed well till April 30th, when the temperature rose to 105° Fahr., and continued elevated till May 4th, when it became normal. On May 2nd blood was passed with the urine, which was lessened in quantity. Blood ceased on the 12th. On the 10th and 11th, though blood was found by means of the microscope, and the urine was rather smoky, no albumen could be detected by heat and acetic acid. After the temperature fell the patient improved rapidly, and recovered without any bad symptoms. There was no anasarca at any time.

Clinical Remarks.—During acute inflammations of any of the tissues of the body, the temperature is always abnormally elevated, often greatly so. Not unfrequently it rises from 98° or 99° (the normal temperature in the axilla) to 103° or 105° F. The amount of elevation is proportionate to the intensity of the inflammation, and thus the temperature measures its intensity and duration. In acute Bright's disease (acute inflammation of the kidney), as this case shows, we have such an elevation of the temperature of the body, and thus we are able in such cases, by means of the temperature, to estimate exactly the duration and intensity of the inflammation. When the inflammation ceases the temperature becomes normal, and is not elevated by those chronic changes that follow in the kidney the acute inflammation. In many cases of acute Bright's disease, long after the temperature has become normal, and, consequently, after the inflammation has ceased, blood continues to pass with the urine from the kidneys. This continuance of the blood in the urine is very generally received as evidence of the continuance of the acute inflammation, and the patient is often cupped over the loins, and low diet given, with the hope of lowering this imaginary inflammation. But this case shows that no such conclusion can be arrived at from the presence of blood in the urine; and such a conclusion sometimes misleads the medical man, and causes him to adopt a course of treatment at least useless. But such treatment has a positive injurious influence on the chronic disease. For this chronic disease following the acute is chiefly due to the previous impaired health of the patient. If this has been good, in most cases no chronic disease follows; but if the patient's health has been broken down from any cause the chronic disease is very apt to follow on the acute. Thus any treatment that will still further increase the anæmia, or otherwise lessen the nutrition of the body, is liable to produce chronic changes in the kidney or to greatly prolong their duration. Thus such treatment should be carefully avoided. It is in accordance (Dr. Ringer said) with his experience that, on the cessation of the acute stage, the passage of blood and other evidences of the chronic disease are best treated by those means and medicines that tend to promote most perfectly the nutrition of the body. Hence, as the treatments of the acute and chronic inflammation of the kidney are thus often opposed, it becomes of importance to ascertain the most valuable symptom by means of which we can learn when the acute stage has ended and the chronic begun. The temperature of the body gives us the most important information, and is superior to all the other symptoms, as it is the only constant one. The next in value is the quantity of urine, for, generally, when the acute stage ends the quantity of urine greatly increases; but there are many exceptions to this rule, whilst in all cases, at the termination of the acute stage, the temperature becomes normal.

The amount of anasarca is greatly determined by the amount of anæmia existing. Thus if the anæmia be marked, the anasarca is great. In many cases during the acute stage and commencement of the chronic there is no anasarca; but as the anæmia progresses, the anasarca is developed and much increased. This symptom is thus best treated by those means which promote the nutrition of the body, both by directly lessening the anæmia and by assisting to restore the kidney to its healthy state. Warm baths and purgatives during the chronic stage should be used with caution, as they easily cause great anæmia and impair the nutrition of the body. The amount of anasarca must not determine their use, but rather the amount of urine and the drowsiness of the patient. General anasarca appearing suddenly is due either to acute Bright's disease or sudden loss of a considerable amount of blood. If the latter has occurred, it can be at once ascertained. Thus in cases with sudden appearance of anasarca the diagnosis is mostly easy. It is true that cases are met with in which patients become rapidly anasarcous whose urine is quite normal; but in such cases the temperature is normal, and the anasarca has lasted several days. The acute stage, in fact, is over; for not unfrequently in cases of acute Bright's disease, immediately the temperature falls, the urine becomes healthy, the blood and albumen disappearing in the course of a few hours. The blood in the urine, after the inflammation has ceased, is not so grave a symptom as albumen—the latter being more significant of the chronic disease; the former being probably due to some capillaries remaining open, and allowing blood to pass out. At least, practically it is found that blood mostly ceases shortly, and the kidney recovers quickly; whilst if the albumen be large in quantity, the kidneys are slow in recovering. Thus if the amount of albumen be not greater than can be accounted for by the blood present, the prognosis is not bad; but if the quantity of albumen be large, the prognosis is more grave, and each day it continues adds greatly to the seriousness of the prognosis. It must be recollected that the urine may be very deeply tinged with blood, and yet very little albumen be present; in other words, a small amount of blood may cause a very red colour of the urine. The duration of the acute stage, measured by the temperature of the body, is usually three to six days. Patients very rarely die during the acute stage. It is the chronic disease which follows that destroys life. Thus it is evident that it is important to determine when the acute stage has ended, that such treatment may be adopted to prevent the chronic disease. The temperature of the body affords the easiest way of ascertaining this; for though great information may be obtained from the other symptoms, such as the pulse, tongue, appetite, &c., still these are not constant; whilst, as has been already stated, the temperature is always elevated whilst the acute inflammation lasts, and becomes normal when the inflammation ceases. It is important also to bear in mind that the continuance of blood in the urine is not a proof of the continuance of the acute inflammation.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 16TH, 1865.

MR. I. B. BROWN, PRESIDENT.

MR. TEEVAN exhibited a Calvaria, showing a fissured fracture of the *external table only*, produced by a bullet striking the *inside* of the skull. The skull-cap was taken from a Swiss who shot himself a few weeks ago, and died in one of the London hospitals. The bullet entered the right parietal bone, traversed the brain and its membranes, struck the inner surface of the left parietal bone, and remained imprisoned in the cranium. There was no fissure or fracture at the spot on the inner surface of the left parietal bone where the bullet struck, but at the corresponding spot in the outside of the bone there was a starred, fissured fracture of the external table only. Mr. Teevan remarked that this variety of fracture had never been described, and that he brought forward the specimen to corroborate his own experiments on this subject, and in support of the statement which he had made to the Society on a former occasion—that, whether the inside or outside of the skull be

struck, fracture of the distal table only, without injury to the proximal one, can be produced in either case, and that such fracture occurs in obedience to a well-known physical law—that fracture commences in the line of extension, which is the distal side, and not in that of compression.

Mr. BAKER BROWN exhibited a large Ovarian Tumour. The actual cautery had been successfully applied to the pedicle. He stated that he had had thirteen successes out of fifteen cases.

Dr. MURCHISON read a paper

ON HYDATIDS OF THE LIVER, THEIR DANGERS, THEIR DIAGNOSIS, AND THEIR TREATMENT.

The paper was elaborate and exhaustive. It commenced with a report of twenty cases, including all that had been the subject of post-mortem examination at the Middlesex Hospital during the last eleven years, and others that had occurred in the author's own practice. In the course of the paper also, reference was made to all the cases recorded in the Pathological Transactions and others in the medical journals. Dr. Murchison pointed out that, owing to the sudden termination of fatal cases of hydatid disease, hospital records hardly gave a fair view of the ratio of deaths from this cause. Although there could be no doubt that an hydatid cyst might become arrested in its growth, shrivel up, and undergo what is called a spontaneous cure, this result rarely happened when the tumour was large enough to be diagnosed during life. In the large majority of cases it went on increasing, and ultimately burst, and when this happened death was the usual result. Attention was directed to the remarkably latent character of hydatid tumours of the liver: in most cases they gave rise to no uneasiness until they had attained such a size as to compress adjoining organs, or until they were on the point of bursting, and peritoneal inflammation was excited on their surface. The directions in which an hydatid tumour of the liver might burst were various. 1. Into the cavity of the chest. 2. Into the peritoneum. 3. Through the abdominal parietes or lower intercostal spaces. 4. Into the stomach or intestine. 5. Into the bile-duct. 6. Into the vena cava inferior. Independently of rupture, hydatids might destroy life—1st. By compressing important organs and interfering with their functions. 2nd. By suppuration of the cyst, or external to the cyst, and pyæmia. 3rd. By the formation of secondary hydatid tumours in different parts of the body. It followed that the risks to which a person with a large hydatid tumour of the liver was liable were many, and the chances of his escaping them were few. Although the tumour might remain stationary for years, an accident might at any moment cause death. Turning to treatment, little benefit could be expected from medicines. Chloride of sodium and iodide of potassium, the two most vaunted remedies, were of no use. It was difficult to conceive how chloride of sodium could destroy an hydatid, seeing that hydatid fluid always contained such a large amount of this salt, which, indeed, appeared to be essential to the life of the parasite. With regard to iodide of potassium, there was not only no proof that it could cause absorption of an hydatid, but there was positive evidence that the drug never reached the hydatid. Not a trace of iodine could be discovered in the hydatid fluid of a patient of Dr. Murchison's, who had taken fifteen grains of iodide of potassium daily for several weeks before. Puncture of the cyst was of much greater promise, and had been attended with great success. The dangers were peritonitis and suppuration of the cyst, but by the employment of a fine trocar these dangers might in a great measure be avoided. The error of using a large trocar, or of making an incision with a scalpel, lay at the root of most of the accidents that had occurred. The evacuation of the fluid through a fine canula sufficed to destroy the life of the hydatid. Of twenty cases of hydatid tumour of the liver tapped as described, and collected by the author, all but three had recovered; and of the three fatal cases, death in one was due to secondary tumours, in a second to a miscarriage, and in the third case the cyst had suppurated and the patient was moribund at the time of the operation. In all cases, therefore, where an hydatid tumour of the liver was large enough to be diagnosed during life, and was increasing in size, the operation of puncture and evacuation of the cyst in the manner described was advisable. But before resorting to puncture, it was of course necessary to be certain of the nature of the tumour. The diseases most liable to be mistaken for hydatid tumours of the liver were, abscess of the liver, a distended gall-bladder, extensive effusion into the right pleura, an aneurism of the aorta or of the hepatic artery, and cancer of the liver. The points of diagnosis from these lesions were carefully considered, but the author believed that what was called "hydatid vibration" was a sign of little importance in diagnosis. In a doubtful case there could be no objection to making an exploratory puncture of the tumour. If the tumour was hydatid the fluid drawn off would at once reveal its nature, even if it contained no echinococci. Hydatid fluid was clear and colourless as water; it had a specific gravity of 1009 or 1010; and it contained not a trace of albumen, but a large quantity of chloride of sodium: these characters applied to no other fluid in the human body, whether healthy or morbid. If the tumour turned out to be cancer, or even aneurism, there was ample evidence that no harm would result from a minute puncture. The paper concluded with the details of a case under the author's care, where paracentesis had been performed with complete success. The patient at the end of a year was in perfect health.

In the discussion which followed, Dr. GIBB mentioned examples of hydatid disease in the young, and a case in which hydatids between the rectum and bladder had been diagnosed and cured.

Dr. ALTHAUS referred to the saline treatment with favour, and as deserving of trial first.

Dr. COBBOLD declared that treatment useless; and referred at length to the great importance of the subject, bearing testimony to the accuracy of Dr. Murchison's results and observations.

Mr. BROWN suggested that, after puncture of hydatids of the liver, a firm, many-tailed bandage should be applied to secure rest and apposition, and prevent effusion into the peritoneal cavity.

The Lancet Sanitary Commission

FOR

INVESTIGATING THE STATE

OF THE

INFIRMARIES OF WORKHOUSES.

REPORTS OF THE COMMISSIONERS.

No. VIII.

METROPOLITAN INFIRMARIES.

BERMONDSEY INFIRMARY.

THE large parish of Bermondsey, containing 100,000 inhabitants, adjoins the borough of Southwark, and is the seat of many of the principal manufactories of the metropolis. Many of the trades carried on here are of the class which cause nuisances; as, for instance, tanneries, skin and hide dressing establishments, and offensive chemical works, besides a great skin market. There are also many most noxious tidal ditches within the district, which are calculated to favour epidemic diseases, although in this respect there has been some improvement of late years, which may be chiefly attributed to the fears excited by the cholera epidemics of 1832 and 1848, the mortality in the latter year having been altogether unprecedented according to the experience of other districts.

The workhouse, a four-storied brick building with a basement, forms an almost square block, intersected by several airing yards, the south side being partially open, and the east and north sides somewhat irregular. The building dates from 1791, but additions were made in 1844; it is surrounded by various erections, except on the south side. The western portion is devoted to the infirmary proper; the infirm wards are in the east. The soil is clay, with peat beneath. The whole site is below high-water mark, and formerly was part of the bed of the Thames. The consequence of this is that the house is often flooded, the water standing two feet deep in the basement! This accident can only be prevented by closing the mouth of the house-drain or sewer, in which case there is of course no escape for rain-fall or sewage at such times. It is unnecessary to say a word more to condemn the site as utterly unfitted for a residence for the sick. The water-supply is derived from Thames Ditton, and seems to be pure and

abundant; it is stored in brick tanks, which are periodically cleansed.

The house was built for 900 inmates, and at the time of our visit contained only 470. The classification is by no means complete; amongst other particulars we noted that there is no ward for the separation of "foul" cases. The children are all sent, when they reach the age of five years, to the Sutton Schools.

As regards the sick wards (seven in number, three for males, and four for females), we are able to speak generally in terms of commendation. There is a decided deficiency in the allowance of cubic space, as is the case in nearly all workhouse infirmaries; but a great deal of attention is paid to subsidiary ventilation, and a tolerably free circulation of air seems to be secured. Moreover, the wards are well lighted, and the arrangements for warming are good. The bedsteads and bedding, with the single exception of the employment of flock-beds, to which we have objected on several previous occasions, are thoroughly good, and in particular there is excellent provision made for "wet" cases; the bed-linen is good and clean, and the personal cleanliness of the patients is thoroughly well cared for; in fact, it is evident that the master, Mr. Hodgkins, carries out good discipline among his subordinates. The water-closets, lavatories, and water-supply to each ward also appeared well ordered and well kept.

The lying-in ward, in which from thirty to forty births take place annually, is strikingly free from odour, and the beds are clean; moreover, the labour-bed is well contrived for the purpose of preventing stains on the floor, as it stands on lead sheeting, with an elevated rim around its margin. There is some danger, however, that without close watching the boards beneath might rot and become offensive. We were assured by the medical officer, Dr. Cuolahan, who obligingly accompanied us, and gave us free access to his records and books, that he has not lost one case from puerperal fever or any other cause connected with parturition.

The wards for the infirm present a marked contrast with those for the sick; in fact, they are excessively bad. Two of them especially, which are called "Lazarus" and "Aaron" respectively, are very dirty, and deficient in both light and air. The occupants were the most thoroughly "pauperized" set we have seen in any of our visitations, herding together in a miserable manner in the midst of conditions which must render any medical treatment of their chronic diseases of little avail. Their watercloset and urinal (abutting on the dead-house) stink so offensively as to poison the whole atmosphere of their airing-court, and must, doubtless, have had a share in aggravating the epidemics from which the establishment has formerly suffered.

The arrangements which are made for the accommodation of the wayfaring class, or "tramps," in Bermondsey, have already attracted the indignant notice of the Poor-law Board and the public press, and may be shortly and justly described as altogether brutal. The peculiar conditions of the parish render it inevitable that this class of paupers should exist in great numbers, the fluctuations of commercial and manufacturing operations frequently throwing many working people at once out of employment; and as these poor folk are not distinguished by provident habits, their application for casual relief follows as a necessary consequence. Of this the guardians must be well aware. Yet the fact is that, although as many as forty or fifty persons have been known to apply for shelter in a single night, the authorities have only provided accommodation for twenty-four persons, and even such shelter as they give is *not fit for a dog*. We use these words advisedly, and we are sure our readers will endorse them when they learn that the beds provided consist simply of bunks, or long orange-boxes, with a wooden log for a pillow, a blanket and rug to cover the sleeper, *and not even a bit of straw for him to lie on!* We believe that the guardians of Bermondsey are entitled to the distinction of being entirely singular in their mode of lodging the houseless poor.

The peep which these facts give us into the psychology of the Bermondsey authorities quite prepares us for the discovery that the nursing department, including night-nursing, in defiance of common sense and the recommendation of the Poor-law Board, is committed exclusively to twenty-two pauper inmates, who are remunerated merely by improved diet, and, in some cases, a special dress. But we were not a little astonished and pained to find both the master and the surgeon arguing in favour of this state of things, which the general voice of the medical profession, equally with the Poor-law Board, has loudly condemned; and we know of no better argument to convince all reasonable persons that the central board should, without delay, be armed with powers sufficient to enable it to compel this disgraceful state of things to cease.

With regard to the quality of food supplied and the cooking, we are able to speak on the whole with satisfaction. But when we examine the *amounts* of nourishment allowed (except to the sick, with respect to whom the medical officer is allowed all proper freedom of action), our satisfaction ceases. 15 oz. of meat, 24 oz. of potatoes, three pints of soup, 84 oz. of bread (besides gruel for the able-bodied, and tea, sugar, and butter for the aged and infirm) per week, is an altogether insufficient allowance, and, to the infirm class especially, must be considered as hard treatment.

The medical officer of Bermondsey Workhouse has arduous duties; for, in addition to 100 sick and infirm in the house, he has medical charge of a parish district. For all the labour involved in these two offices, and for all drugs and extras, he receives £150 per annum! He attends the house daily, recording his visits, and also the whole of his orders and directions, in a book, which is well and regularly kept.

The diseases admitted into the infirmary are chiefly chronic affections of the heart and lungs, diseases of the brain and nervous system, scrofulous affections, and ulcers of the leg—disorders attributable, to a large extent, to privation and distress. The cholera outbreaks of 1832 and 1848 told severely on the Bermondsey poor, and in all probability a new epidemic would have similar effects; meantime the workhouse, in its present condition, could not with safety receive cases of this terrible malady, and indeed is in a state to foster epidemic diseases generally. In 1863, a wardsman contracted "typhus" (or more probably typhoid) fever, in consequence, it was believed, of sleeping near the deadhouse and the offensive closet already denounced; and subsequently a nurse was attacked, and died in the Fever Hospital. There can be no doubt that the infirm department constitutes a potential "fever-nest" of a very dangerous kind. An analysis of the mortality for seven years has been kindly made for us by the officials, and shows the following causes of death. The total mortality was 855; of these, 95 came under the zymotic class (including 34 cases of Asiatic cholera* in the last epidemic), 167 under tubercular diseases, 139 under diseases of the brain and nervous system, 174 under diseases of the respiratory organs, 156 under "decay of nature," 35 under heart diseases, 23 under diseases of the digestive organs, 10 under kidney diseases, 9 under uterine disorders, 8 under cancer, 6 under dropsy, 5 under abscess, 6 under premature birth, 6 from deficient supply of breast-milk, 4 from diseases of the joints &c., besides 10 sudden deaths, of which the causes are not specified. There is nothing on the face of this table of deaths which seems to challenge particular observation; yet we cannot but think that an exact analysis, if such were possible, of the causes of the various deaths from "diarrhœa," "tabes," "convulsions," &c., might reveal serious mischief resulting from an improper dietary. We are strongly tempted to entertain this idea by one feature of the diet-tables as yet unmentioned—viz., the reckless disregard

* During the months of July, August, and September, 1849, there were 61 deaths in the infirmary, 28 being inmates.

which they evidence of the necessity of supplying *milk* in good quantity to young children; in this point of view the dietary of Bermondsey is extremely reprehensible, *only half a pint of milk-and-water per diem* (with an additional allowance, twice a week, of half a pint of rice-milk) being allowed to children between two and five years. This is a very grave defect, and one which can scarcely fail to be very mischievous.

To conclude:—

1. The infirmary of Bermondsey occupies an entirely improper site, and ought to be rebuilt in an elevated situation.

2. In view of the needs of the parish, a separate fever-house should be built adjoining such new infirmary.

3. Properly trained and paid nurses are required.

4. The medical officer ought to receive the amount of his present salary for the workhouse duty alone, the guardians also finding all drugs, &c.

5. The sanitary arrangements of the infirm department are scandalously bad, and require immediate and thorough revisal.

6. Altogether new arrangements are needed for the casual poor, who are at present treated with great cruelty and neglect.

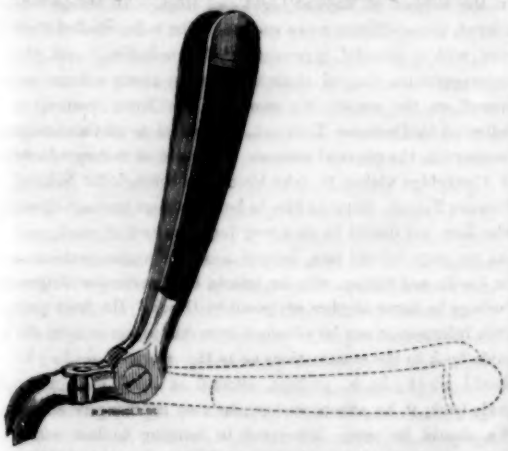
New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW DENTAL FORCEPS.

THE accompanying woodcut represents a new extracting forceps, the invention of Mr. A. E. Harris, Dentist, Mile-end-road. The object was, to obtain an instrument by which to facilitate the extraction of the lower molar teeth. The instrument is so designed as to render easy insertion of the claws of the forceps between the tooth and alveolar process. The forceps is composed of the hawk's-bill claws, with the usual circular joint, behind which is a vertical hinge-joint allowing the handles of the instrument to be raised to a position perpendicular, and almost at right-angles, with the patient's mouth; so that the claws of the instrument, as it were, "drop" into the required position, slight direct downward pressure being all that is required on the part of the operator. The direction of the extracting or raising force is directly above, and in a perpendicular line with the tooth, so that the least movement of the hand will immediately remove the tooth without any chance of an imperfect operation. This second hinge consists of a centre circular part placed vertically, like a wheel, between the blades of the handles of the forceps, and the latter being compressed by the hand during extraction, renders this joint fixed and immovable, and the tooth is literally "lifted" out of its socket.



COLLINS'S BINOCULAR DISSECTING MICROSCOPE.

(DR. LAWSON'S PLAN.)

THIS is a cheap, handy, and convenient instrument. We would particularly allude to the great advantage of binocular vision for low powers in dissecting; and to the superiority of this little instrument over others at present employed, on account of its portability and great efficiency when in use. The case, when closed, measures 6 in. by 3¾ in. The top and front let down by hinges, and on them can be fitted the instruments requisite for dissecting, as shown in the diagram. The sides draw out 5 in., and serve the purpose of rests for the hands. A circle of glass is in the centre of the gutta-percha trough, so that light can be transmitted from the mirror.

Altogether it is the best and most useful instrument we have seen. It is made by Mr. Charles Collins, 77, Great Titchfield-street, Oxford-street, from the plan of Dr. Lawson, Professor of Histology at St. Mary's Hospital.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I am sure it will be the almost unanimous desire of the Poor-law medical officers that Mr. Griffin remain at the post he has filled so long and so ably. I for one will be most happy again to subscribe any sum that may be necessary to advocate our claims. I would therefore impress on all my brother medical officers the necessity of putting aside all past lukewarmness, and of showing that we are in earnest by sending the subscription asked (five shillings). I am sure we have only to unite and act together to ensure success. In previous appeals for pecuniary help, Mr. Griffin has not met with that response which his disinterested endeavours on our behalf merited. A majority of our number never contributed anything towards his expenses, which must of necessity have been considerable. This no doubt cramped his efforts and did the cause much injury.

For the better collecting of subscriptions, I would suggest that one medical officer in every district of union should be appointed to canvass his brethren for the money needful to defray the necessary expenses that will be incurred in printing &c. By so doing, a larger amount than Mr. Griffin has ever yet received could be raised.

I hope therefore that this time we shall all work together heartily and with a will, and if we do so I have no doubt of our success.

I am, Sir, your obedient servant,

Oct. 28th, 1865. J. H.

ROYAL COLLEGE OF SURGEONS.—The first examination this session in Anatomy and Physiology at the above institution commences this day (Saturday); and it is stated that the numbers are in excess of the corresponding period of last year. The gross number of pupils registered at this institution as pursuing their studies at our eleven metropolitan hospitals now amount to 1036, being an increase of 47 over the number of last session. This includes also those gentlemen pursuing their studies for the diploma in Dental Surgery of the College.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 4, 1865.

THE practice of lecturing is not in these days confined to the professoriate. The "irrepressible" lecturer may be classed in the same group with other bores who have been stigmatized as irrepressible. Of course, in the matter of lectures, as in all other things, there will be good, bad, and indifferent, and lectures will accordingly be estimated for what they are worth. But we claim to be within the mark in asserting that one half of the lectures annually delivered on all subjects are decidedly bad, and that one half of the remainder are very indifferent. Suppose a subject to be capable of that kind of oral explanation usually implied in the term "lecturing," it by no means follows that any man, even thoroughly informed upon it, can, if he possesses the requisite amount of confidence, teach other people anything at all by talking about it, except, perhaps, the virtue of patience under aggravating circumstances. That this latter result follows, from the protracted process of lecturing to which medical students, for instance, are subjected, is far from being clear. It is very general, on the part of a class of men whose means of purchasing intellectual entertainment is in excess of the education which can dictate a judicious selection, to assume that popular lectures on all kinds of subjects will advance, in the highest degree, the mental condition of the uneducated artizan or agricultural labourer. This sort of thing is pretty general in rural districts, notwithstanding the signal failure of Mechanics' Institutes. In consequence, a tribe of small men with very large appliances, curious diagrams, and any amount of magic lantern with "scientific" slides, are found ready to keep the bucolic mouth wide open, and a patron in a state of intense satisfaction, for a given period, for a very moderate remuneration, exclusive of travelling expenses. That a comparatively recent and rapid demand for instruction in the physical and natural sciences has arisen is perfectly clear. It is, perhaps, equally certain that instructors do invariably adopt the lecture system in endeavouring to make known what they may or may not know of these sciences. Given the demand for this class of instruction, it is somewhat difficult to determine accurately the best means of providing it. We may infer from the opinions elicited by a recent committee of the House of Commons that upon one point all competent authorities are agreed —namely, the undesirability of excluding henceforth physical and natural science from any course of public instruction. The mode in which it is advisable to teach these sciences will probably continue to be a matter of individual opinion until the experience of the universities and public schools has been added to that already gained. It will be interesting to inquire whether the system of teaching as already worked at one of the universities throws any light upon this question. We select Cambridge, not only because her efforts to establish a thoroughly good Science School have rendered her somewhat prominent, but because the discussion which took place last Saturday week upon the proposed new Professorship in Comparative Anatomy furnishes new evidence of her anxiety in this direction. In the schools of Classics and Mathematics at Cambridge the lecture system is in abeyance. No high-honour man ever expects to be lectured into a place in the Tripos. The whole system of his training tends to *educe* the power of his mind, not to cram him with a maximum amount of what other people know about the differential calculus or the ethics of ARISTOTLE. A few lectures are given by such men as ADAMS, STOKES, and THOMPSON, but these are of a special and exceptional character. They do not necessarily form part of the course of reading of a wrangler or first-class classic. In the Natural Sciences School (with which at Cambridge Medicine is partially identified) a very different system is pursued; or rather, it would be more correct to say that no definite system is pursued. We have before had occasion to point out the very indefinite and unsatisfactory character of the Natural Sciences Tripos examinations. It is scarcely a matter of surprise that the examinations should be indifferent where so little appreciation of a proper course of reading in the Natural Sciences exists, and where the teaching is so generally defective. And yet there is no lack of general interest in the subject. Once in every year, at a time too when Cambridge is at leisure, and possibly is bored with the *ennui* incident to a May term, a public discourse is delivered upon a subject connected with the physical or natural sciences. This year Professor TYNDALL exhibited the electric light in the Senate House, and discoursed on the subject of Radiant Light and Heat. All things considered, the exhibition was a success. The ladies shaded their eyes with a graceful appreciation of "radiation," and the undergraduates clapped their hands when pretty colours appeared on the scene. We commend the REDE lecture, as delivered by Professor TYNDALL, as a model to all Cambridge lecturers in the physical sciences. Suppose an undergraduate at Cambridge wishes to take his degree through the Natural Sciences Tripos. Suppose him to be an average undergraduate who does not intend to do a very large amount of work, and has no very definite idea, beyond a certain vague preference for fossils and fishing, why he selects this particular Tripos. Perhaps he hates algebra or, possibly, Greek. He finds very little information can be obtained from his tutors or from the guide-book to the examinations as to the course of reading he should adopt; he is, perhaps, amused at being told in the guide-book, if he affects zoology, to visit fishmongers' shops. We should be much interested in learning to how many lectures a given number of visits to the fishmongers' would be held equivalent by a College dean. Probably he is comforted for a time by an injunction to attend the professor's lectures.

Lectures at Cambridge may be divided into two classes. These are College lectures and University, commonly termed Professorial, lectures; the former are to be regarded rather from a disciplinarian point of view than as intended to convey much instruction. They take from the idle undergraduate that last shadow of an excuse for getting plucked which he would not be slow to urge in extenuation of his idleness and folly. Compulsory attendance at College lectures is very much like compulsory attendance at chapel; both useful in their way, and both giving the College authorities a power which it would on the whole be unwise to restrict. The rage for studying the Natural Sciences, which commenced at Cambridge some time ago, has produced an innovation at some Colleges in the matter of College lectures. There are many reasons why these lec-

tures should be restricted to the average Classics and Mathematics required for the Little-go and Poll examinations. But, in a few Colleges, a lecturer on the Natural Sciences has been appointed for the especial benefit of the "scientific" undergraduate. The innovation has not produced satisfactory results. Experiment and demonstration are essential in attempting to teach sciences like Chemistry and Comparative Anatomy. This kind of thing is quite incompatible with, at least is ignored in, the present system of College lectures. So far as the individual Colleges are concerned, there is little disposition to encourage the introduction of the Natural Sciences as a part of the College course. There is a disposition to exclude all subjects except Classics and Mathematics from the work which undergraduates are expected to do with College tutors. University examinations do not as yet afford such tests of proficiency and ability as would justify Colleges in laying themselves out to bring forward candidates for high honours in the Natural Sciences Tripos. The whole burden, not only of elaborating a scheme of examination, but of affording instruction in the Natural Sciences, is thus thrown upon the University. In her efforts to perform this latter function, the University chiefly depends on the lectures of the professors and others properly appointed; but the new museums and laboratories are conclusive evidence that the value of practical instruction is thoroughly appreciated. The museums contain a very fair collection of natural objects. The laboratories, under the superintendence of so practical a chemist as Professor LIVEING, will not fail to fulfil all the conditions of a sound instruction in chemistry; the lecture-rooms are comfortable and suited to the purposes they are designed to serve. But the new lectures in the Natural Science school belong, as a rule, to that class which must be characterized as very indifferent. We may be reminded that the apparatus, specimens, and other appliances with which the lecturers are supplied for the purposes of illustration, are singularly deficient as compared with the appliances at the disposal of lecturers in other and more successful schools. We submit that it is one of the characteristics of a good teacher to adapt such appliances as he may possess to the exigencies of his position. He will invent modes of illustration as necessity demands. Complete arrangements would not prevent such blundering incapacity as this: a professor during one of his lectures states an elementary fact in vegetable physiology; he contradicts himself, and makes a different statement; then adopts his former explanation, and finally refers his class to their text-books, in which he informs them he has no doubt the matter is correctly stated. This sort of thing is, happily, rare. There are, in fact, some extremely good lecturers on special branches of Natural Science at Cambridge. The excellent lectures of the indefatigable lecturer on Human Anatomy and Physiology leave little or nothing to be desired. On the other hand, to be compelled to sit out the *reading* of a lecture, chiefly copied from text-books, especially when the reader has an unfortunate and hesitating manner, is to endure positive physical suffering. The University is displaying an energy in the reconstruction of her Natural Science school from which good results may be anticipated with confidence. It is proposed to devote a certain sum of money, about to be realised by the University, to the endowment of a new Professorship—that of Comparative Anatomy. When the chair which now includes both Human and Comparative Anatomy becomes vacant, it will be continued for the science of Human Anatomy alone. If these changes are determined upon, the new Professor of Comparative Anatomy will probably be elected about the end of the Lent Term. A grave responsibility will rest upon the University in the matter of this election. To gain a Professor who shall fulfil in himself the conditions of an apt teacher, an original thinker and observer, an accomplished lecturer, and all this for £300 a year, will be to achieve a considerable success. And yet we apprehend that the University will have no need to seek beyond the range of St. Mary's chimes for such a Professor.

THE particular good that is to be got out of the epizootics and epidemics which obtain so large a share of our attention just now is not quite apparent at present. And yet there seems a possibility that very good results may accrue therefrom. In this country, of late, there has been such an intense commercial activity, such a development of material wealth, that we have been tempted to overlook great questions of public hygiene. Free-trade has not only augmented our trade, but increased our necessities, and the ports of the country have been flung open for the reception of food from all quarters. We have been so hungry, and withal so able to pay, that the grain and stock of other countries have poured in upon us. There has been an urgency in the supply of the multiplying wants of the people. Even the poorer classes of our own fellow-creatures are frequently huddled together in houses in London and other large towns in such a fashion as a terrible experience may show to be plagueful. Locomotion is the order of the day, and we are bending the structure of London so as rather to make it a place that shall represent the locomotive life of the time than a place fit for the habitation of a great population. If the barest necessities of human beings as regards air and space have been thus disregarded, it is not surprising that cattle have fared worse, and that in their locomotive life, as in their dairies and sheds, the most indispensable conditions of health have been wanting. We are not of the number who readily believe in the generation *de novo* of the great morbific poisons such as those which cause cattle-plague and cholera; but we are not on this account the less convinced that when these poisons are carried into the country, as we believe them to be, the amount of mischief which they do will greatly depend on the sanitary conditions in which animal life is found. Now one particular good which the great plagues do is to set men to think upon the conditions necessary to life and health. Already this result has been partly achieved by our present cattle plague. More has been done by this outbreak to ensure a considerate and sensible treatment of cattle than could have been done in a millennium by the Society for the Prevention of Cruelty to Animals. Animal life, as such, is coming to be studied by politicians and philanthropists, and even by those whose interest in it is ultimately only a matter of pounds, shillings, and pence.

M. BOURGUIGNON, who has taken up his residence amongst us, and whose various and valuable experiments on the production and propagation of disease in animals give importance to his opinions at the present time, has just written a book on the Cattle Plague, dedicated to Miss BURDETT COUTTS, who has taken a most laudable interest in the present epizootic. A principal suggestion of the author is in favour of the establishment and endowment in London of a College of the Natural

and Medical Sciences. He argues well the claims of such a suggestion. He thinks that we might derive the most important help in the study of human diseases by a previous study of comparative physiology and pathology. He refers to his own remarkable experiments, in which he showed, with complete success, how psora was propagated, or how its propagation was rendered impossible, by merely varying the general sanitary condition of animals; also to other experiments in which he succeeded in the production of tubercular disease. He states the admitted fact that for psora, for the tænia, the trichina, and other entozoa, we are indebted to the lower animals. M. BOURGUIGNON further shows how he seemed to be on the track of most important pathological and therapeutical discoveries in the course of his various experiments on the lower animals, when he was obliged, for want of leisure or means, to desist from the prosecution of them. All physiologists and chemists will admit the difficulty and the expensiveness of the investigations necessary to the settlement of questions still pending, such as the origin of the cattle plague, of cholera, of consumption, of cancer—as to the degree to which inoculation will have the preventive effect in other diseases which it has been found to have in small-pox. Indeed, we can scarcely hope for the settlement of these questions at present, so long as the most scientific investigators are allowed to experiment at their own charges. They will go on and make a discovery, or half make a discovery, and then find that making discoveries is not only an unprofitable but a very costly business, and will have to relinquish advanced experiments for more profitable and less strictly scientific work. At the same time, we are not quite prepared to endorse the suggestion of M. BOURGUIGNON in favour of the establishment of a distinct College of the Natural and Medical Sciences, and of imposing upon every medical pupil the duty of spending two years in it. We should have great faith in the occasional appointment of Commissions composed of the best available men, or in the permanent retention of such men by the State, for the solution of urgent scientific questions as they arise. It is indeed absurd, as M. BOURGUIGNON argues, that great States should spend twenty millions a year in maintaining the defences of the country against war, and treat with such niggardliness the science that, if liberally dealt with, might discover defences against cholera and typhoid and cattle plague, as it has against small-pox and ague. But the particular way in which Government should give the assistance which it has so long withheld should have the grave consideration both of Government and the profession. The present troubles of the country point so clearly to the value of animal life as a State question that we have the strongest faith that enlightened statesmen will be prepared to vote "of our abundance" for this purpose; but we should like the mode of assistance to be more maturely considered than it is in the fourth part of M. BOURGUIGNON's book.

We have not alluded to M. BOURGUIGNON's views of the cattle plague. Indeed, he has not much that is original to say on this subject. He believes in its importation from Hungary and Russia, but that its spread was materially favoured by the unhealthy condition in which our cattle were living in London. "Nothing," he says, in italics, "authorizes us to believe that the typhus now under our observation was bred and born, at first, within the stalls and cowsheds of London. It was most assuredly imported." He admits the inefficiency of the action of the Government, but, with a civility of tone characteristic of his book, and which takes occasionally from the force of it, he blames rather the machinery of our Government and our own love of freedom and non-intervention than the Government itself.

ONE of the most dangerous of the social evils of the present day is the distribution of indecent quack books amongst young men and boys. It has extended now to limits which make it all but intolerable. Quack extortioners send by post their filthy and disgusting little pamphlets not only to officers in the army, navy, and civil services, but to private gentlemen in every walk of life. We have long felt convinced that the law could reach the scoundrels who thus insult decency, and extort money from their victims by threats of exposure.

A case which has just been decided in the Bolton Borough Court, proves that we have a remedy, one easy of application, and effective in its results. Two men, named THOMAS NORTH, hawker, and REGINALD RUDD, described as a medicine vendor, were charged, the former with offering for distribution a number of indecent books, and the latter with counselling him and procuring him to commit the offence.

Mr. HALL, the solicitor for the prosecution, said the information was laid under the 10th & 11th VICTORIA, commonly called the Police Causes Act, one of the offences named in which was, that if any person in any public place offered for sale or distribution any indecent or obscene book or print, he was liable to a penalty of not exceeding 40s., or in the discretion of the justices to be sent to prison for fourteen days without the option of paying a fine; and if the magistrates were satisfied that RUDD did cause to be distributed an obscene book, looking to the nature of the publication, which was not only indecent but of a most pernicious character, calculated to destroy the morals of young persons and negative the efforts made in their favour,—if the Bench were satisfied on that point, he should ask them to commit the defendant for fourteen days, for he thought that the merely paying of a penalty of 40s. would be no adequate punishment for so grave an offence. As to the young man NORTH, who was brought before the magistrates on the day before, it was not his intention to offer any evidence against him, and he therefore applied for his discharge.

RUDD's solicitor admitted the offence, and added that though there was no doubt everything recorded in the publications might be met with in medical books, yet he quite agreed with Mr. HALL that to parade the contents of such medical works before the public, and especially before the young, had unquestionably a degrading effect; and the defendant RUDD was bound to admit that he had committed a wrong in doing what he did. He thought, however, they should not be too captious in a matter of this sort, because—to the disgrace of the borough and to the disgrace of the authorities who had it in their power to suppress it—they saw a nuisance far greater than this, that shocked the morals of the people, not only through the press, but on the public walls of the town, daily. He was not there, however, to say that one wrong sanctified another, or that a certain number of wrongs made one right; but the defendant, who came from Manchester, promised not to show himself in Bolton again, and the books of which complaint was made would never appear in the town any more. As to whether or

not they came under the name of obscene, indecent, or profane publications he was not at all clear; but he did not counsel the defendant to take objection to the warrant on that ground, for the books, in his opinion, were pernicious. Under these circumstances, therefore, with a promise not to appear there again, he hoped the Bench would be of opinion that a penalty was sufficient to meet the case.

The Mayor said he thought the case had been fairly met by the defendant, and, with the understanding that he would not come there again, they would inflict a penalty of 20s. and expenses. They certainly should have committed him had it not been for the statement made by his advocate that he would leave the town.

RUDD'S solicitor, Mr. RICHARDSON, who was evidently ashamed of his client, said emphatically, "He need not apply to me to defend him any more, whether he leaves the town or not." The other defendant was discharged.

It is difficult to overrate the importance of this case. The distribution of filthy and demoralizing books is clearly open to a summary prosecution. We have been appealed to for protection from the villains who circulate these infamous pamphlets, by the heads of families, by the principals of schools, by proctors of universities, and by senior officers of the united services. We have rendered all the aid in our power, but we have repeatedly urged upon the applicants the desirability of their appealing to a magistrate. The above case is now before them. Let them act upon the example set them; and the system which is at present undermining the morality of the rising generation will soon be at an end.

Medical Annotations.

"Ne quid nimis."

DISEASES OF MEN, ANIMALS, AND PLANTS.

THERE is a fund held in trust by the University of London, of which the objects are to provide an institution for the study and treatment of the diseases of lower animals. It is burdened by many conditions which have obstructed the practical use of the sum hitherto. With accumulations it now amounts, we believe, to some thirty thousand pounds, and the bequest will lapse if not utilized. We understand that it is now under consideration what steps can be most advisably taken in the matter. We hope that the University may be persuaded to establish an institution for Comparative Pathology and Physiology. Let us mention some of the facts which indicate an urgent necessity for the further systematic and enlarged study of the diseases of men in connexion with those of animals, and even of their relations to the vegetable world. It is well known that several of the most fatal of human diseases which assume the epidemic form are communicable to animals. Scarlatina is believed to have been originally derived from a similar disease in horses. It is held that measles also was originally an epizootic communicated to man. The communicability of cholera to animals was experimentally established by Dr. Lauder Lindsay. Herpes circinatus, the common ringworm, is frequently communicated to man from the calf, which suffers often from that disease; it may be taken also from cats, as has been demonstrated. The itch is frequently taken from the camel in Egypt, and Hebra traces it in other animals. Dr. Murchison dwelt lately, in his valuable papers in THE LANCET on Scarlatina, on the relations of scarlatina in animals to scarlatina in man during the recent epidemic in London. Dr. Letheby noticed that a similar epizootic prevailed amongst hogs, and that scarlatinal pork was largely sold in the markets. It must be always remembered that it was by comparative studies of disease in man and beast that Jenner established the practice of vaccination; and it seems even probable, if we may venture upon a suggestion which has really much more than mere hypothesis to support it, that a study of scarlatina by a similar experimental method might lead to results of great protective value. A curious circumstance has been mentioned to us in connexion with the present cattle plague which may be referred to here. We learn on the authority of Dr. Tilbury Fox, who has largely studied similar questions, that from many quarters representations have been made that a disease resembling cattle plague appears to be engendered in horses by eating fodder spoilt by the red rust. The disease has, in fact, nothing whatever to do with cattle plague, but it is an acute catarrhal affection. The red rust is a fungus affecting grass, which has the remarkable effect of producing that condition; and this year has been so singularly fertile in forms of oidium that, from their local abundance, they have caused apparent epidemics. The diseases arising from eating ergoted rye afford another well-known example in point; and the prevalence of pellagra amongst the peasants of Lombardy has been directly traced to the sporisorium maidis, a fungus of the maize. The causation of a disease precisely resembling measles, by a fungus of wheat and of flax seed, has been established by Dr. Salisbury and Dr. Kennedy; and it has even been shown that by inoculating healthy children with this fungus, uredo or penicillium—for it has not yet been fully examined—a bastard disease resembling measles, and affording, it is said, protection against measles, can be produced. The connexion of the Russian epidemic with disease in rye, and of the Irish fever with the ravages of the oidium in the potato, will suggest themselves to the mind. The mere allusion to these interesting and still unworked facts in pathology suffices to show the wide and profitable field for investigation which has been uncultivated for want of such an institution; and the University of London will confer a great service on the public if they can utilize their funds for such a purpose.

EXAMINERS AT THE COLLEGE OF SURGEONS.

AT a special meeting of the Council of the College of Surgeons on the 26th ultimo, convened for the purpose of electing two members of the Court of Examiners, Mr. Skey was re-elected for the usual term of five years, and Mr. Quain was elected in the place of Mr. Hodgson, who has lately resigned. There are reasons why Mr. Skey should thus have been re-elected for a third quinquennial period without opposition; but the same circumstances demand a remark or two with respect to the other vacancy, caused by Mr. Hodgson's resignation, and the election of Mr. Quain in his place.

It will be remembered that Mr. Quain was a candidate for re-election on the Council of the College last July, and that he, previous to the election, addressed a letter through our columns to the Fellows at large, in which this passage occurs: "Whatever desire I have still to remain in office in the College mainly depends on my desire to aid in bringing the government of the College more and more into harmony with the progress of sound opinion beyond its walls, and likewise upon my earnest desire to aid in bringing the Council, the Fellows, and the members of our noble institution, more and more into mutual confidence and union."

Grand words and noble sentiments these, and they had their weight no doubt with the large number of Fellows who voted for Mr. Quain's re-election. But how are they fulfilled? At the very earliest opportunity—an opportunity well known to be likely to occur shortly after the election which this letter was to influence—we find its author taking the very office which he repeatedly pledged himself by his active can-

vassing agents to throw open to other than the select twenty-four Councillors. Prior to the election, we stated our conviction that the time had not yet arrived for re-elections—that the old leaven was as yet too predominant in the mass, and required an admixture with new elements; but a large number of the electors were of a contrary opinion, and hence the opportunity for Mr. Quain to requite their confidence in the way we have mentioned.

Argument would be thrown away were we to recapitulate the proof that Mr. Quain has not fulfilled the pledges put forth in the letter we have quoted above. The fact is patent to all. Where is the "harmony with the progress of sound opinion beyond the College walls" in the fact that Mr. Quain has seized the opportunity of ensconcing himself in a snug berth? How can this proceeding possibly establish more of "mutual confidence" between the Fellows and the members of Council who thus betray their trust on the earliest opportunity?

But whilst we thus feel strongly as respects the part which Mr. Quain has played so satisfactorily to himself, we cannot forbear to comment upon those who have aided and abetted him—the Councillors of the College. Of the veterans Lawrence and South, and the rest of the old Conservative party, we have nothing to say, except that the conduct of Mr. Quain must surely convince the body of Fellows of the folly of returning any one of them. But what shall we say of the Liberal section—of those who, elected since the memorable year 1861, have professed themselves to be enlightened and liberal reformers, and yet are content to allow such things to be? Have Fergusson, Adams, Lane, Busk, Hancock, the two Pagets, Clark, Curling, and Turner, raised a hand in opposition to this perpetuation of jobbery? Or have they been content to sit by in silence? And is it possible that they, too, are watching their turn in the revolving wheel of College fortune? They may, it is true, have done their best and been out-voted, and the profession have not learnt it because the promised Minutes are not forthcoming. But at least they would be glad to know that some effort had been made, were it only to convince the Fellows of the necessity for renewed vigilance in the election of Councillors. Supposing that all the ten gentlemen we have mentioned voted as we hope they did, there would yet be thirteen members to outbalance them (presuming that Mr. Quain does not vote on a matter so closely concerning himself), and hence the folly of re-electing any former member of a Council which perpetuates acknowledged abuses, until a good working Liberal majority is obtained.

THE CROSS OF HONOUR.

THE medical profession will be deeply touched by the generous and thoughtful grace of the Emperor of the French in decorating with the insignia of the Legion of Honour the house-surgeons of the Paris hospitals, who had shown great devotion in their attendance on the cholera patients admitted during the present epidemic prevalence of that disease in Paris. This is precisely the kind of recognition which is most grateful to the working medical practitioner. The public anxiety about the victims of the epidemic has directed particular attention to the magnanimity and zeal with which these unpaid officers of great institutions fulfil their arduous and dangerous duties. It is the critical period at which they have performed those duties, rather than the nature or extent of their service, which is exceptional. The records of all European hospitals, and the daily experience of all medical practitioners, will bear testimony to the frequency with which those risks are voluntarily incurred, and the forgetfulness of self which is the common habit and general glory of our profession. But a few months since we recorded in our columns a succession of deaths from fever of students, house-surgeons, and practitioners, in Glasgow, Sunderland, and the metropolis, who were engaged in combating epidemics of fever. Last week two distinguished names were added to the list of victims to their dangerous duties: Dr. Barker of Bedford, and Mr. Cooper of Southampton. This practical heroism is as great as that which has made illustrious the name of Llewellyn, the gallant surgeon of the *Alabama*, who stood by his vessel till every wounded man was safely removed, and met gloriously with a watery grave in the unflinching discharge of his duty. These spirit-stirring histories are familiar to our minds—they form part of the most highly-prized trophies of our profession; and there are none of us who do not know that in entering on the practice of medicine we undertake a serious responsibility, to sustain which we pledge our lives, and must be prepared to sacrifice them if duty calls. We could only desire that this universal acceptance of duty met always with that generous recognition which it deserves, and with which the Emperor has in this instance crowned it.

"OUR MUTUAL FRIEND."

THE general testimony of the profession and the public press to the great usefulness of the labours of our Commissioners for investigating the condition of the workhouse infirmaries, affords a very ample reward for the difficulties and unpleasantness attending that inquiry. Now that so many important organs of public opinion have lent their help in ventilating the worst of the grievances disclosed, and with the conviction that these reports will produce energetic legislative action in the coming session of Parliament, we look back upon these reports as among the most useful of the public services which it has been our privilege to render. We are especially glad to find at our side Charles Dickens, the earnest and warm-hearted opponent of social tyranny, one of the truest and most powerful friends of the oppressed, whether in the middle or lower ranks of life, and quote with pleasure his valuable testimony:—

"I have observed a suspicious tendency in the champions to divide into two parties: the one contending that there are no deserving poor who prefer death by slow starvation and bitter weather, to the mercies of some relieving officers and some unionhouses; the other admitting that there are such poor, but denying that they have any cause or reason for what they do. The records in our newspapers, the late exposure by THE LANCET, and the common sense and senses of common people, furnish too abundant evidence against both defences. But that my view of the Poor Law may not be mistaken or misrepresented, I will state it. I believe there has been in England, since the days of the Stuarts, no law so often infamously administered, no law so often openly violated, no law habitually so ill-supervised. In the majority of the shameful cases of disease and death from destitution, that shock the public and disgrace the country, the illegality is quite equal to the inhumanity—and known language could say no more of their lawlessness."

We continue this week our reports, for a time interrupted by the demands on our space incidental to the opening of the medical schools. The one merit which we claim for these reports is accuracy with moderation. We abhor the notion of dealing unjustly even with boards of guardians by sensational statements; and we believe that our readers may always feel sure that the picture drawn is not in any sense over-coloured.

THE RETIREMENT OF THE SURGEON-IN-CHIEF OF THE POLICE FORCE.

WHEN the metropolitan police force was established in 1829, Mr. (now Sir J. W.) Fisher was appointed surgeon-in-chief. He had previously been medical officer to the Bow-street "runners," as they were then called. Through a long period of thirty-six years Sir J. W. Fisher had performed his duties in the most exemplary manner, not only as regards the force, but with respect to the divisional surgeons who were under his control. As far as we know, not a single complaint has ever been made by them against him; on the contrary, his courtesy to, and protection of, them upon all occasions have

been generally acknowledged. A very handsome testimonial was presented to him some years since by these gentlemen. The following note, a copy of which was sent to each divisional surgeon, affords gratifying evidence of the good feeling and professional confidence which existed between the chief and those under his command :—

"Grosvenor-gate, Park-lane, Oct. 1865.

"DEAR SIR,—I cannot retire from a service, in which my whole life may be said to have been passed, without returning you my sincere thanks for your zealous co-operation with me, and to acknowledge the kind and skilful way in which you have always performed your duties to the police placed under your care. Wishing you a continuance of success in your profession, with health and happiness,

"I am, Sir, faithfully yours,

"J. W. FISHER,

"To W. C——, Esq., M.D., "Divisional Surgeon."

"Late Surgeon-in-chief of the Metropolitan Police Force.

THE EPIDEMIOLOGICAL SOCIETY.

THE opening meeting of the Epidemiological Society for the session 1865-66, on Monday next, will be of unusual interest. An address will be delivered by the President, Dr. Milroy. A paper also will be read, by Dr. Frederick J. Brown, on Epidemic Cerebro-spinal Meningitis at Rochester.

Dr. Milroy's address, we understand, will be devoted principally to an account of the inception and progress of the present epidemic of cholera. The history of the outbreak is remarkable. Conclusions drawn from previous irruptions, and which appeared to have been firmly grounded, seem, by the mode of extension of the existing epidemic, to be at the best doubtful. An expression of opinion from our most distinguished geographical pathologist on the facts already ascertained regarding the epidemic now in progress, and on its further observation, will be of the highest value at the present time.

The title of Dr. Brown's paper conveys news of a painful description. It is the first announcement which has yet been made that the disease which prevailed so fatally about the Lower Vistula at the beginning of the year was present in England. Dr. Brown has adopted a wise course in resolving to communicate the facts to the Epidemiological Society. We shall wait with much interest for the details of the communication and the discussion thereon.

A FEVER PRESERVE IN ST. GILES'S.

THE genesis and distribution of fever are graphically traced in the report which we to-day present of one of the fever haunts of London. What a bitter satire upon the intelligence, the humanity, the goodness, the love of each other, and the self-love of this generation and this people, is written in that photographic sketch! Here is fever born, nourished by all the elements which can give strength to an epidemic, fed by filth, favoured by overcrowding, quickened by want of food, hard work, and depression, and distributed by the promiscuous passing to and fro of bearers of contagion in a crowded population. It occurs in a district possessing an active officer of health, well seconded by his subordinates and supported by the magistrates; but such are the forms of sanitary legislation that when things are at the worst, and he has taken the unusual step of direct application to a magistrate, eight days elapse before a hand is stirred to destroy the food of the fever by cleansing the place. Meantime the families are stricken down; work, play, and death go on in the same room; the dainty ornaments of the head-dress of the ball-room belle are strung together by hands heavy with fever, and are heaped up in rooms instinct with the poison. As the typhus sweeps off the inmates, fresh cards announce the rooms to let: past the typhus-stricken threshold in Drury-lane whirl the fair of Mayfair to their boxes, and saunters the exquisite to his stall. We earnestly hope that these pictures of the Fever Nests and Cholera Haunts of London will arrest the attention of statesmen and philanthropists, and will make all thinking men strive to do local good by purifying the strongholds of disease in their neighbourhoods.

THE LAST ILLNESS OF THE LATE PREMIER.

THOSE who have lost a near relative or a dear friend have always an anxiety, which is founded upon the best feelings of our nature, to learn something of that pathetic history which is to be written by the physician and the nurse. They cannot help lingering over those sad scenes and attaching a deep, if painful, interest to the narrative of the last illness. Lord Palmerston was lamented as a public man, held in loving esteem as a friend, as well as admired as a statesman. A number of brief and more or less incorrect statements have been published concerning his last illness; we are permitted to publish a full, authoritative, and suitable narrative of his fatal malady.

After a severe attack of gout last year, Lord Palmerston continued gradually to decline in strength, without any distinct complaint till April, when, after riding a rough horse, he suffered from hæmaturia. It was followed by catarrh of the bladder, with its ordinary accompanying symptoms, which occasioned great distress; and this, added to his official duties, reduced his strength considerably, though his remarkably good digestive organs remained unimpaired. For the first three months he was attended by the late Dr. Ferguson, in conjunction occasionally with Mr. Paget, who ascertained that there was neither calculus nor any other mechanical cause for the symptoms. After the death of Dr. Ferguson, Dr. Watson was consulted, and, at the end of July, Dr. Protheroe Smith. The treatment they adopted consisted chiefly of tonics and astringents with generous diet and rest, under which Lord Palmerston slowly improved. This improvement was more marked after the conclusion of the session of Parliament, when he retired to Brocket Hall under the immediate care of Dr. Protheroe Smith and Dr. Drage of Hatfield, Lord Palmerston's family medical attendant. From this time till the 9th instant there was a gradual amendment in Lord Palmerston's condition. The purulent character of the urine nearly disappeared; the pulse fell from 100 and 120 to 72 and 76, its customary frequency; and the tongue, from being usually covered with thick brown fur, became clean.

On Monday, the 9th ult., the weather having suddenly changed, with a considerable fall of the temperature, Lord Palmerston, during a drive in an open carriage, took cold. Active inflammatory symptoms, with a great increase of pus in the urine, were observed on the following day by Dr. Drage, notwithstanding every effort to relieve which Dr. Protheroe Smith found, on his return from a distant professional journey on the following Thursday, a great change in the state of his patient. He complained of abdominal and dorsal pains; the pulse was 120, irregular and intermittent; the tongue furred; and there was thirst, and loss of appetite. The urine was less in quantity and of somewhat higher colour, with a remarkable decrease in the amount of pus. In the course of that day severe rigors occurred, followed by symptoms of collapse—namely, cold extremities, colliquative perspirations, and imperceptible radial pulse. From this condition he rallied in about four hours, when Mr. Paget, for whom Dr. Smith had telegraphed, arrived, and, together with Dr. Drage, remained the night, leaving their patient much relieved next morning. Rigors and threatened collapse recurred, however, on Friday and Saturday, on the evening of which day Dr. Burrows was summoned from London, and he remained at Brocket Hall that night. On Sunday morning Lord Palmerston's symptoms were less urgent, and from this time he appeared to rally, though the pulse continued at about 100, the tongue was still furred and

dry, and there was abdominal uneasiness. When Dr. Watson arrived at Brocket from Cornwall, on Monday morning, he found the Premier better. Up to Tuesday afternoon he continued to improve, the pulse falling to 80, and the tongue becoming moist; but at that time symptoms of great prostration again set in, the pulse being thready, and a mucous râle marking each respiration; the gradual extinction of the radial pulse proceeding in inverse ratio with the frequency of the breathing, which became shorter, and at last reached 54 in the minute. The intellect remained unimpaired to the last. Death took place without a struggle at a quarter to eleven A.M., resulting from catarrh of the bladder and abscess of the kidney.

Reports
ON THE
OLD CHOLERA HAUNTS
AND
MODERN FEVER NESTS
OF
LONDON.

No. I.

CHOLERA and FEVER have much in common. They frequent the same haunts, and fall most severely upon the same classes of people. The conditions which facilitate the inroads of the one, facilitate also the attacks of the other. In the epidemic of 1848–49 as in the epidemic of 1831–32, and in the epidemic of 1853–54 as in the epidemic of 1848–49, cholera ravaged mainly the localities which were the common seats of fever. In 1848–49 it not unfrequently appeared in the same street, the same house, sometimes the same room, and even the same bed as in 1831–32; and in 1853–54 it pursued a like course. In the epidemic of 1866, should the presage of the present moment be confirmed, the pestilence will seek the same haunts, will crop out in the same localities, as in previous epidemics—unless, indeed, their state shall have been altogether changed for the better, and the conditions which foster the epidemic and its congeners have been swept away.

When, therefore, cholera is imminent, the first step to be taken in the adoption of precautionary measures is to ascertain the localities where fever most persistently prevails, and the actual condition of the places which were most affected with cholera in previous epidemics. Without this information public efforts for the removal of the localizing causes of cholera are apt to be desultory and useless; with it, they can at once be directed systematically to the object they are intended to effect. The probable centres of chief epidemic intensity would thus from the first be brought under supervision, and subjected to purification. Not that the sanitary control of these centres constitutes the sum of the precautionary measures needed when cholera is impending. This is the primary, not the sole, proceeding to be adopted. The localizing causes of cholera are not peculiar to any given locality. Here they may exist in greater, there in less, intensity. Vitiated water is not alone found in the back-alum, but it may get entrance into well-to-do houses, and give rise there to the most disastrous consequences, as in the recent frightful outbreak of cholera at Thoydon-Bois (Epping). Overcrowding is not proper to St. Giles's or the Borough only. It may be discovered in the nurseries or servants' bed-chambers of May-fair; the dormitories of union-houses and schools. Sewer-air is not a special product of densely-crowded courts and alleys. The princely mansion is as liable to be flooded with it as the single-roomed tenement. The escape-pipe of every lavatory and housemaid's-sink, and the pan of every watercloset, may be a source of fatal atmospheric pollution within a house when cholera is prevailing. Filth and famine are not merely concomitants of the remote East; they lurk also in the fashionable West. Wear and tear of body and mind are not solely the fate of the labourer and artisan; they fall also to the lot of the wealthiest, the noblest, and the most honoured of those who rule the world by thought and word and pen in the senate and in literature. No man may say when the pestilence is abroad, "I am safe." No man may neglect at such a time, without risk, thoughtfully to set his house in order. But public measures of precaution should above all things first be directed to those spots where the localizing causes of the epidemic exist in greatest intensity. These determine the gravity of the outbreak, and become centres of infection to more protected sections of the population.

It is not our intention in these reports to enter into an elaborate examination of the Old Cholera Haunts and Modern Fever Nests of London. It is proposed to indicate, by a few selected illustrations, their present condition. In the proper order of things, the localities of greatest notoriety both as to cholera and fever should have received attention first. But a tragedy of every-day life, not yet ended, which has been taking place for some two months, and which has come to light in the course of the investigations for this report, although occurring in a fever nest which is not a cholera haunt, is too full of immediate interest and too instructive to be postponed to suit an arbitrary arrangement.

A St. Giles's Fever Preserve.

Drury-lane has long had an unsavoury reputation. It passes through the centre of a district notorious in the annals of metropolitan fever epidemics. The alleys and back-slums which adjoin the lane have contributed a large share to the recent great and prolonged outbreak of typhus, and typhus still prevails in them. The state of the bulk of the houses in this district, lying behind the great thoroughfares, is indescribably miserable. Grouped confusedly around petty courts, or stretched out along straitened alleys, and inaccessible to wind and almost to light, they seem to be foully rotting away. So closely are they huddled together, so shut out from the air and the heavens, yet so teeming with squalid life at doors and windows, that one is tempted to imagine that these living beings have burrowed holes for themselves in the masses of murky brickwork and decaying wood, like maggots in a mouldy cheese. Happy the tenants in the attics and upper chambers to the south, who get an occasional glint of the sun above the chimneypots, and smoke-laden whiffs of a breeze! And yet, amidst all the squalor, the irrepressible love of living objects breaks pleasantly forth. Dank and draggled plants ornament many window-sills, and cages with twittering and active birds hang from nails high on the outer walls. Even inklings of the picturesque may be found. (For filth and squalor and the picturesque are not altogether uncongenial; and fortunately the extremest pre-Raphaelite has not yet succeeded in conveying *smell* to his paintings.) In the King's Arms yard, for example, a quaint study or two might be obtained. It was formerly the yard of an old inn. A wooden balcony runs round it. The rooms opening on the gallery are tenanted mainly by Irish costermongers. The rooms below are used as stables. An odorous steam from manure rises incessantly in the court. But as all the occupied rooms above open directly to the air, the inhabitants suffer less, perhaps, than might be imagined. "And are ye's the railway?" asked one matron. "No." "Ah, thin, we'll not get away yet." "Musha!" exclaimed another, "when the parish gets bigger, then we'll move."

But he who judged from the exterior of these houses would, as a rule, form a too favourable notion of their state. It is not until their internal arrangements are seen that the full measure of their abomination is perceived. Let us enter "Wild's-passage." It is narrow, not uncleanly, and the houses, externally, present a less repulsive aspect than in some neighbouring alleys. The clothes-poles which cut the

sky-line above are this day bare and black; some sickly plants on a window-ledge are dripping with wet; and the few cages exposed are silent. Every room in every house is a separate dwelling occupied by a separate family. Take the first house on the left from Drury-lane. The door is wide open, and exposes a passage black and encrusted with filth, the floor sodden and rotten. The lower room is unoccupied. Passing onwards towards the back of the house, the feet are arrested by ashes and filth of the foulest description. But courage, turn the trowsers well up, and trust to your thick boots. The head of the stairs leading to the cellar is reached. A light is struck, and the staircase illuminated. The eyes and the nostrils (to say nothing of the stomach) are alike disgusted. This must have been what Dante had in mind when, gazing into Malebolge, he said—

"Upon the banks a scurf,
From the foul steams condensed, encrusting hung,
That held sharp combat with the sight and smell."

The steps are heaped up with cinders and ordure. To pass down seems impossible, but yet it must be done if all is to be seen which should be seen. Stomach in mouth, the descent is commenced and the cellar reached. Filled up in one part with plaster moulds, the unoccupied floor is littered with ordure; and in a corner is placed a privy—the common privy of the entire house. The seat is rotten and ruinous, but some attempt at decency has been made by placing a newspaper over it. The wood-work is saturated, and the pan partly filled, with ordure. There is no water supplied to it. The bottom of the house is, in fact, a diffused cesspool. The third house on the left presents a worse spectacle at the back. There the stairs leading to the cellar and privy are impassable; and the privy, also in the cellar, is said to have fallen into disuse from the leakage of a water-butt placed above it, thereby keeping it constantly wet. The fourth house is the pattern house of the passage. Here the lower part of the house and the privy are clean, but the latter is without water. A house on the right of the passage has its privy in a narrow court-yard in the rear, but the foul condition of the place is utterly indescribable.

It is important to mention that this is the state of things in a parish in which an active officer of health is well seconded by his subordinates, and supported by the Board of Works and the magistrates. Again and again the owner of the property is compelled to place it in better order. He does so, and then all is suffered again to relapse into the old state.

Near to Wild's-passage is 131, Drury-lane. This house is a capital illustration of the method of preserving typhus. Game is under the protection of direct laws; typhus under the protection of indirect laws. In each case the result is pretty much the same, the object preserved is withdrawn largely from external interference. No. 131 is a large house of three stories. It has a dirty plaster front, and overlooks the old burial ground in the Lane, with its rank verdure and grey tombstones. The basement is a large second-hand clothes shop, outside the window of which is hung, notwithstanding that the house is full of typhus, and that there is an infected room only vacant, a notice that there are apartments to let. The upper stories of the house are gained by way of Orange-yard, at the entrance of which, on the one side, is affixed conspicuously the signboard of a nightman and sweep; on the other, retiringly, an old police notice against nuisances. The yard in rear of the house has been freshly lime-washed. Passing up the staircase, and plunging at once into that familiar and nauseous smell which characterizes the over-crowded house, the first floor is reached. It contains, as the other floors, four rooms. One room belongs to the shop; two are occupied by families, each of three members; the remaining one is tenanted by two people. On the upper floor, the two front rooms are occupied by three people (the landlord's agent and family); one of the back rooms by a family of three; the other by two people. From one of the back rooms a child had been removed ill of typhus. In the second floor centres the present interest. The history of this floor is as follows:—

The front room to the right was occupied by a woman, her two daughters and a grandchild. Two months ago a daughter living in Drury-court was taken ill with fever and went to King's College Hospital. She "caught" the disease from a person ill in the house where she lived. There was a great deal of communication between the houses in Drury-court and Drury-lane. The mother and two children next fell ill with fever, then the grandchild. Another daughter living in Drury-court was also seized. She was sent to the London Fever Hospital. The mother died, and the corpse was kept in the same room from the 19th to the 23rd of October, two daughters sleeping in the room with the corpse all the time. The bedding was subsequently given away to strangers in order to get rid of it.

Afterwards the disease extended to the family living in the left room at the back, consisting of a mother and six children. A daughter, aged thirteen, was taken ill. Then two of the occupiers of the left front room were seized with typhus. Subsequently one of the two occupiers of the room to the right at the back was taken ill, and she was removed to King's College Hospital, making the eighth case, to this time, out of sixteen individuals occupying the floor.

When the house was inspected for the purpose of this article, the front room to the right was locked up, and in it some foul bedding or straw, the key being with the previous occupier's daughter in Drury-court. The room had been thus closed several days. In the front room to the left, the occupier was lying very ill. This room was comfortably furnished, and formed a strange contrast to the one in rear of it. It contained a profusion of furniture, and was bright with ornaments and oil-paintings enclosed in brilliantly gilded frames. In the back room to the left the daughter was ill in bed, and the room was crowded with the beds, odds and ends of furniture, and the young family. When at night all were disposed to sleep every inch of floor must be covered by the bedding of the sleepers. Door, walls, bedding, and clothes alike distilled the penetrating odour of a pent-up fever ward. The mother, in a small space bared in the midst of the floor by turning one of the beds back against the wall, was doing "a bit of washing," by which she eked out a livelihood. The sick daughter lay with dusky countenance on the bed next the window. The children, lively and active, were crowded round their scanty dinner by the fire. It needed no words to tell the bitter struggle for life which must go on here. And yet there was not wanting an inkling of relief. The blackened walls above the mantelpiece were crowded with little pictures; and cheap copies of well-known paintings shed some degree of brightness in the fever-smitten spot. It was curious to note in every room, however squalid, an endeavour to decorate it by pictures or stuffed animals and birds; while "puss" acted as a pervading domestic element.

In the back room to the right the sister of the sick woman in King's College Hospital lives alone.

The manner of diffusion, actual and probable, of typhus in and from Drury-court, and No. 131, Drury-lane, is instructive. Typhus is carried from the former place to the latter, and in both cases it spreads from family to family under the same roof. Each family keeps up a more or less intimate intercourse with other families in the same neighbourhood and in other localities of the metropolis. More than one occupation is pursued in the typhus atmosphere; amongst the rest, sundry trinkets are manufactured for the decoration of ladies' heads and dresses. It is a marvel how these elegant and bright-coloured ornaments can be constructed amidst so much that is most miserable with so little detriment to their gloss. It is equally a marvel that fingers so dainty and taste so exquisite should be possessed by beings so squalid in aspect. Would that the Fairy Banou could so gift these pretty gauds

that, when sparkling on the wearers, they would enable them to see the interior of the homes wherein they were made and the workers who made them. Would that, thus seeing, an irresistible God-like impulse might seize the wearers to seek out their suffering sisters and raise them out of, or comfort them in, the depths into which they have fallen. Happily there is no instance of communication of typhus by such articles of decoration; but it is a loathsome idea that they should be fabricated and designed in a typhus atmosphere. Still another link between these typhus nests and the outer and apparently remote world. Beneath the windows of the infected rooms in Drury-lane, the dainty and perfumed aristocracy of May-fair drives night by night to its pleasant relaxation at the Olympic Theatre; whilst the club-exquisite saunters to his stall in the same delightful place by the typhus-stricken thresholds of Drury-court.

And yet but little can be done, and that little with difficulty, to help ourselves. Typhus enjoys the greater portion of the civil rights and immunities of the free-born Briton who is the subject of it. It may be obnoxious to the community and injurious to the State; but it cannot, therefore, be dealt with as a criminal and an outlaw. Indirectly it may be attacked through those conditions which most favour its existence; but even these are not to be rashly approached, and only under cover of a magistrate's order. Notwithstanding the urgency of the case at No. 131, Drury-lane, the officer of health, although adopting the unusual course of appealing directly to the sitting magistrate at Bow-street, and being readily aided by him, was unable to secure the adoption of proper measures of disinfection and cleanliness until after the lapse of eight days. Whether or not the difficulties in the way of dealing summarily with these outbreaks of contagious fever and with the conditions on which they depend will at any time be obviated, it is not the object of this report to discuss. It is sought simply to draw attention to these difficulties, and to point out that like difficulties will stand in the way of carrying out precautionary measures against cholera. Hence the argument arises that the latter should be inaugurated betimes.

The condition common to the house in Drury-court, and No. 131, Drury-lane, which facilitated and still facilitates the diffusion of typhus, was the dense packing of the inmates in the different apartments—a density not to be measured solely by the numbers living there, without reference to the space subtracted by furniture and bedding. The same conditions are those which most favour the diffusion of cholera, and the lesson derived from the one disease may be properly applied to the other.

THE CATTLE PLAGUE COMMISSION.

A REPORT will, we understand, be presented from this Commission probably next week. The greater portion of it is now in print. Without anticipating any part of this official document, we may state one fact of interest, that under the auspices of the Commission, the contagiousness of the cattle plague and its communicability from oxen to sheep, and *vice versâ*, have been satisfactorily shown. It has been proved by evidence of a positive nature that sheep may be infected, both by exposure to the infection of, and by inoculation from, diseased cows; and a healthy calf inoculated from the sheep has died of the plague. These facts will justify the continuance of a rigid preventive system, however desirable it may be, in the presence of the widespread havoc of the disease, and the numerous foci which now exist, to moderate the despotism of the poleaxe.

MORTALITY IN LIVERPOOL.—At the last meeting of the Health Committee at Liverpool, Dr. Trench reported that the death-rate of that place amounted to no less than 35·9 per thousand for the whole municipal year.

THE CHOLERA.

WHILE in Western Europe the rapid extension of the epidemic appears for the moment to have ceased, from Eastern Europe the rumour comes that the disease there, hitherto comparatively stationary, has commenced its migration. On the 30th September we recorded the presence of the disease in Odessa. The Russian journals of the past week announce that the epidemic is now advancing northwards from the southern provinces of the empire, and that it has arrived at Berditchev, in Russian Poland, about 250 N.N.W. of Odessa. In Northern Italy, Fossano has been attacked; and several towns and villages have to be added to the list of infected places in Southern Italy and Southern France. The epidemic has also appeared at Oporto.

I. *Newly-infected places, or places not previously stated to be infected.*

Russia.

Berditchev, government of Kiev, 24 miles S. of Jitomir; population 51,625.

France.

Maugui (principal town of canton, 6 miles E. of Montpellier; population 2500; separated from the Mediterranean by a vast lagoon).—From 8th Sept. to 13th Oct. 34 deaths from cholera.

Saint-Brez and *Baillargus* (arrondissement of Montpellier), *Roujan* (13 miles N.N.E. of Beziers, population 1900), and *Maraussan* (arrondissement of Beziers): Cholera is or has been present. The epidemic prevailed also for a short time at *Agde* (a seaport, 30 miles S.W. of Montpellier; population 9747). *L'Isle* (Dordogne ?) has also suffered.

Italy.

Giovinazzo (a seaport, 12 miles W.N.W. of Bari; population 8629).—Oct. 19th: 6 cases, 2 deaths.

Bisceglie (21 miles W.N.W. of Bari; population 19,056; seaport).—Oct. 19th: 10 cases, 3 deaths.

Fossano (Northern Italy, 14 miles N.E. of Cuneo; population 16,524).—Oct. 19th: 2 cases, 2 deaths.

Portugal.

Oporto (population 95,000).—Lisbon, Oct. 31st: Four cases have occurred.

II. *Previously infected places.*

Paris.—The latest news of the epidemic is more favourable; but as still no official returns are published, it is difficult to form an accurate opinion of the actual extent to which cholera prevails in the city and suburbs. We have learned on satisfactory authority that, up to the 7th of October, 258 cases of cholera had been admitted into the hospitals, of which 138 died. It is estimated that about as many cases had occurred in the city which had been treated at home, and which had proved equally fatal.

The Public Council of Hygiene and Salubrity for the Department of the Seine has published a series of admonitory instructions. These instructions, although dated the 9th of October, were not published until the 26th. French official reticence, in respect to the epidemic in Paris, would appear to extend even to precautions. Whilst all the great Governments of Europe are moved by France to seek out and stifle the pestilence at its apparent sources in the far East, it is suffered quietly to make a lodgment in Paris unopposed, and, until it has securely fixed itself, officially unacknowledged. The instructions recommend: (1) Tranquillity of mind; (2) moderate, healthy, and regular nourishment; (3) clothing which will prevent exposure to sudden transitions of temperature; (4) free ventilation of dwelling-houses and avoidance of overcrowding; (5) avoidance, also, of physical and mental fatigue; (6) attention to the earliest symptoms of diarrhœa.

"It may be affirmed," say the instructions, "that, with rare exceptions, however sudden the attack may be, the cholera is yet preceded by symptoms which may induce fears as to its development. The commonest of these symptoms is diarrhœa, however slight; and such is its importance that the removal of this symptom immediately on its development will suffice to prevent the malady. It would therefore be dangerous to let the diarrhœa continue, and consequently, as it may be arrested by very simple means, they may be resorted to before

the arrival of the doctor, who ought always to be sent for without delay. These means are the following:—Partial or complete abstinence from food, the use of rice and its preparations, an infusion of camomile-tea, and copious injections with a decoction of marshmallow and unprepared starch."

In the event of more serious symptoms occurring—as, for instance, watery diarrhœa, vomiting, cramps, coolness and blueness of surface, &c.,—the instructions state:—

"The instant any of these symptoms show themselves a physician must be called, and while awaiting his arrival the means adopted must be the following:—The skin should be heated, and warmth obtained by placing a bottle of hot water or heated bricks wrapped in sheets at the feet of the patient and between the legs. He must be covered up in warm sheets and several blankets, between which hot irons or a warming-pan should be agitated up and down, so as to act upon the whole surface of the body. While these steps are in preparation, or even in progress, the limbs should be rubbed for a considerable time with force with the palm of the hand, a soft brush, or a piece of flannel—which latter may be moistened with camphorated brandy, brandy alone, or eau de Cologne,—and this should be done by two persons seated at each side of the patient, taking care not to uncover him. The drink given should be a hot infusion of linden, tea, or peppermint, tinctured with a few drops of brandy. Should these tisanes, however, appear to increase the vomitings, gaseous water or ice in small pieces may be advantageously resorted to, and sinapisms drawn over the legs and thighs. It will always be well, if possible, to let the patient lie in a separate room, so as to place him in the most favourable conditions for salubrity. The precautions to be taken during convalescence will be intimated by the physician who may be called in."

On the 24th Oct. the Archbishop of Paris visited the cholera patients in the different hospitals. The sum given by the Emperor, Empress, and Prince Imperial, for the relief of the families of those who had died from cholera, was 50,000 francs.

The Emperor has thanked the house-surgeons and students of the hospitals for their indefatigable zeal during the epidemic, and has created M. Legros, surgeon of the Hôtel Dieu, and M. Lelion, surgeon of the Hospital Beaujon, Chevaliers of the Legion of Honour.

Marseilles.—Oct. 3rd, 20 deaths; 4th, 10; 5th, 11; 6th, 7; 7th, 10; 8th, 8; 9th, 12; 10th, 11; 11th, 7; 12th, 3; 13th, 11; 14th, 10. The latest accounts state that 4 deaths occurred on the 29th.

M. Grimaud de Caux, who has made the epidemic at Marseilles a subject of special study, has discovered an apparently direct communication of the infection to the city by Algerine pilgrims returning from Mecca. We shall give M. G. de Caux's researches in detail in a subsequent number.

Toulon.—On September 10th there were 8 deaths from the cholera; on the 11th, 19; and on the 12th, 41; when the number descended to 20 on the 13th and 27 on the 15th. A sudden increase next occurred, the deaths ascending to 61, and then 84. During the 19th, 20th, and 21st, the epidemic was stationary, the number of deaths averaging between 50 and 60 daily. On the 22nd the disease again augmented, the deaths recorded daily being 69, 75, 71, 78, and finally 91; this was the highest number which occurred in any one day. From the 29th to the 30th there was a diminution of 21 deaths. The number of deaths registered from the 10th to the 30th of September was 1287, of which 1029 were from cholera. The further progress of the epidemic has been as follows: Oct. 3rd, 28 deaths; 4th, 14; 5th, 15; 6th, 26; 7th, 9; 8th, 7; 9th, 7; 10th, 9; 11th, 10; 12th, 7; 13th, 14; 14th, 7. The latest accounts state that 2 deaths occurred on the 28th. M. Hommay, clinical assistant at the civil hospital, was among the victims. A great farewell banquet has been given to the students from Montpellier who volunteered their services during the epidemic.

Hyères.—Sept. 20th and 30th, 14 deaths from cholera.

La Seyne.—Oct. 3rd, 4 deaths; 14th, 3.

Sollièz-Pont.—Sept. 26th and 29th, 82; Oct. 5th, 2.

Cette.—Oct. 8th, 5 deaths; 13th, 1.

Nimes.—Oct. 4th, 1 death; 5th, 2; 6th, 4; 7th, 1; 9th, 6; 10th, 1; 11th, 1; 12th, 4; 13th, 3; 15th, 5.

Montpellier.—The first two cases were those of emigrants from Marseilles, who lodged in different hotels. The deaths since July are estimated at a minimum of 50.

Arles.—Oct. 3rd, 5 deaths; 5th, 8; 6th, 3; 7th, 6; 8th, 7; 9th, 4; 10th, 12; 11th, 3; 12th, 3; 14th, 4.

Vaucluse has lost during the epidemic (which appears now to have ceased) 2 per cent. of its population.

Spain.

Madrid.—Oct. 24th: 70 deaths reported.

Seville.—Madrid, Oct. 26th: Cholera is not at present on the increase, but it has caused numerous deaths.

Gibraltar.—The epidemic still on the decline in the town and garrison, but increasing in intensity within the Spanish lines. On the 17th of October 12 cases occurred there, and 4 deaths; and 2 deaths happened on the 18th. The *Gibraltar Chronicle* of the 19th October, says:—

"Spite of the pure air on the isthmus, it would seem that from some cause it promotes the development of cholera, for in 1860, when there were only a few sporadic cases in Gibraltar, the Spanish lines were severely visited. The flat and low situation of the village, the absence of drainage, and the neighbourhood of market gardens, in which the barren sand is made fertile by highly manuring it, may, perhaps, account for this. On the North Front, where similar conditions exist, the first case of cholera appeared, and throughout the epidemic, spite of the very few inhabitants on the English part of the isthmus, and the breeze blowing over it, the disease seems to have clung with remarkable tenacity to the place of its origin, and from the first case to the last we have heard every now and then of patients having been brought in from the North Front. The *cordon*, as a sanitary measure, has become, from the altered conditions of health on the Rock and at the Spanish lines, a curious *reductio ad absurdum*. While nothing can pass outwards except our letters, which are smoked or vinegared, everything comes freely in. But ours is now the most healthy side of the *cordon*, and if there be any virtue at all in the immersions and fumigations practised between the ropes, they should rather be applied to what comes from, and not what goes to the lines. The respectable individual who presides with such becoming gravity over the mystic ceremonies of the long tongs and vinegar tub must certainly feel that his position has become a very absurd one, and he deserves great credit for keeping his countenance as well as he does."

The Mediterranean.

Malta.—A further declension of the epidemic. No fresh cases on the 23rd. One case only (not fatal) among the troops during the fortnight preceding Oct. 23rd.

	Attacks.	Deaths.
Oct. 18th	7	3
19th	2	1
20th	3	4
21st	5	5
22nd	4	3
23rd	0	4

Total in Malta since commencement of the epidemic:—Attacks, 2263; deaths, 1408.

Gozo.—Disease rapidly dying out.

	Cases.	Deaths.
Oct. 17th	4	4
18th	2	0
19th	2	0
20th	2	1
21st	1	1

Total in Gozo since commencement:—Attacks, 542; deaths, 255.

Italy.

Naples.—Oct. 22nd: 6 cases; 5 deaths.

San Giovanni a Teduccio.—Oct. 19th: 6 cases; 2 deaths. Oct. 22nd: 8 cases; 6 deaths.

Vieste.—Oct. 19th: 20 cases; 10 deaths. Oct. 20th: 7 cases; 7 deaths.

Melfi.—Oct. 19th: 5 cases; 2 deaths.

Brindisi.—Oct. 19th: 8 cases; 6 deaths. Oct. 22nd: 6 cases; 5 deaths.

Bitritto.—Oct. 19th: 25 cases; 21 deaths. Oct. 22nd: 21 cases; 19 deaths.

Barletta.—Oct. 19th: 15 cases; 12 deaths. Oct. 22nd: 15 cases; 16 deaths.

Molfetta.—Oct. 19th: 0 cases; 2 deaths.

Turkey.

Constantinople.—A clean bill of health issued on Oct. 11th.

England.

Southampton.—Two deaths occurred during the week ending Oct. 29th; one of a case previously reported, the other of an additional case at Freemantle. The latter patient was a woman, aged forty-one. She died after twenty hours' illness,

and was the mother of a girl who died from cholera on the 23rd. The Registrar-General reports 3 deaths from cholera for the week ending Oct. 28th. No more deaths up to the 1st of November.

The Metropolis.—The Bill of Mortality for the week ending Saturday, the 28th, states:—"Forty-eight fatal cases of diarrhœa were returned, the corrected average for the forty-third week in ten previous years being 30. In the ten corresponding weeks the number varied from 16 to 39. From these facts it is evident that there is at the present time in London a greater amount of fatal diarrhœa than has been usually found to prevail at the end of October. Four deaths registered in the week are referred to cholera, of which cases the following are the particulars:—At 57, Frith-street, Soho, on Oct. 22nd, the widow of a courier, aged forty-eight years, "diarrhœa (five days), partly in Paris and partly in London; Asiatic cholera (twenty-four hours), exhaustion." The medical attendant of this case adds on his certificate, that "the patient never passed into complete collapse; the secretions became natural, but having been previously out of health, she sank from exhaustion." At 8, Lower Pellipar-road, Woolwich, on Oct. 21st, a private of the Royal Marines, aged forty-one years, "albuminuria (seven weeks), choleraic diarrhœa (thirty-six hours)." At 14, Buckingham-street, Marylebone, on Oct. 21st, the son of a plaster moulder, aged five months, "choleraic diarrhœa (two days)." At 1, Queen's-road East, Chelsea, on Oct. 27th, a widow, aged sixty-eight years, "choleraic diarrhœa (fourteen hours)."

Correspondence.

"Audi alteram partem."

THE MARSHALL HALL READY METHOD.

To the Editor of THE LANCET.

SIR,—Permit me a few words relative to your annotation with the above heading in your journal of Oct. 21st. Dr. Smollett could hardly have better described the usual results of the "ready method" on the drowned than when he told us that, Mr. Bramble having been "turned from side to side, a great quantity of water ran out of his mouth; then he opened his eyes, and fetched a deep sigh."

Many people may think, and have, perhaps, thought, that Marshall Hall took the idea from this recovery of Mr. Bramble. That such was not the case I can show in a few lines. Marshall Hall was not indebted to Smollett for the idea of the "postural method." The "ready method," as now known and employed, is an experimental result—a modification of the original idea. The theory that filled the mind of Marshall Hall was that *pronation* would remove certain obstructions to the restoration of the drowned, which obstructions must exist without pronation. To perform artificial respiration with the patient on the back, and the throat and lungs full of water, was not, he conceived, the best way to recover that patient; and does it not almost amount to attempting artificial respiration with the patient still under water? Marshall Hall, therefore, proposed to Dr. Fox to attempt artificial respiration upon the dead body by lifting the head and shoulders up and down *whilst the body was prone*. Thus began the Marshall Hall method. The experiments of Dr. Fox, Mr. Bowles, and myself, at St. George's Hospital, fully showed the correctness and the value of the pronation of the body; but we found that to perform artificial respiration in that manner, upon an adult body of any size, was no slight task, and that if required to be long continued, the operator would be out of breath before he had put breath into the patient. Keeping, therefore, pronation in view as the main point, we, in our experiments, modified the practical or manipulative part of the method to that which we found would be the most easy of adoption—namely, of semi-rotation with and from pronation. The advantage of the method, as first proposed by Marshall Hall, still remain: the tongue falls forward at the time it is most wanted to do so, thus obviating the necessity for pulling forward the tongue or for tracheotomy; and the fluid in the throat and lungs is as freely expelled by the pressure on the back, in the intervals of semi-rotation, as when the shoulders are raised and depressed without deviation from the prone posture.

I am, Sir, your obedient servant,

Wilton-place, Oct. 22nd, 1865. CHARLES HUNTER.

THE LATE SIR JAMES M'GRIGOR.

To the Editor of THE LANCET.

SIR,—With reference to your observations relating to the late Sir James M'Grigor, Bart., in THE LANCET of Oct. 21st, let me assure you that your opinion is that of everyone who had the honour of serving under this distinguished man, who raised the Army Medical Department to its present state, or at least laid the foundation for the same,—namely, that a statue of him should be placed, and that the foremost one, at the Military Hospital, Netley. But I may inform you that "there is an obelisk of granite, seventy-two feet high, in Aberdeen, as also a bust in Wellington College, in honour of my deceased friend and commanding officer for some years." This information I copy from a note of the 16th inst., received from Sir Roderick Charles M'Grigor, the son of the deceased.

I am, Sir, yours truly,

S. A. EYRE,
Surgeon formerly of H.M. 13th Foot.

The College, Epsom, October, 1865.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

THE winter session of the College of Medicine here, in connexion with the University of Durham, was commenced on the 2nd inst. Some of the municipal authorities were present, along with a fair sprinkling of the clergy, members of the profession from the town and vicinity, as well as some old lecturers and students from considerable distances, as Leeds, York, Berwick, &c. The familiar face of the worthy treasurer (Dr. Humble) was missed, and his absence, owing to domestic affliction, was much regretted. The students' benches were well filled—presenting, I thought, an array of more youthful faces than is usually seen here on similar occasions. The Rev. C. T. Whitley, Hon. Canon of Durham, presided; a gentleman long and well known for his kindly sympathy and warm feeling towards our profession. In commencing the proceedings, he observed that "the report of the College was one of continued prosperity and success. In the registration examinations which had recently taken place the number of candidates had increased; it was, in fact, seventy-two; and though it was found necessary to reject twenty-five of these, yet he had been assured by the senior examiner that they had found the acquirements of the students to be improving year by year. The best were not perhaps so good as some who had appeared before, and the worst were quite as bad as any of the preceding; but there was a better level. Those who had been unfortunate were deficient in Latin and English, and they did not possess information on subjects which were commonly discussed among educated Englishmen; these, however, were greatly diminishing." The President next referred to the necessity of medical men giving their evidence in courts of justice in a clear and intelligible manner, and as free from technicalities as possible. The Registrar (Dr. Embleton) read the report, from which it appeared that in the present year—the fifteenth year of the existence of the College—the number of students who had attended during the winter session was fifty, and in the summer forty-six; while twenty-nine students of the College had passed their examinations at London or Durham. Considerable additions had been made to the materia medica and chemical collections of specimens; and the museum, which was well worthy of its name, and a credit to all connected with its management, had been thrown open to the public under certain restrictions, and had been visited by upwards of 16,000 persons during the year. When the British Association visited our town, the completeness and general arrangement of this museum excited the surprise and admiration of the medical and other visitors. The Natural History Societies' Museum, which adjoins that of the College, must prove of great value to students, as it is open to all attending lectures. Dr. Heath delivered the introductory address. Of course in this place I can only refer to it in passing, but I do hope to see such an able and suggestive address as fell from the eloquent lecturer on this occasion placed in some way before the profession, for it contained gems of thought and of expression too rare to be lost. He was particularly emphatic when speaking of the paucity of honours bestowed by the State on our profession; and he spoke with much warmth on a subject which none of his hearers who knew anything of the modern history of

medicine could fail to have strong feelings on. "Would it be believed," he said, "that Dr. Simpson, the discoverer of the anæsthetic effects of chloroform, had received no reward from the Government?" The Sheriff, in moving a vote of thanks to the President, said "that if medical men were not publicly rewarded while living, they fully shared in the honours of posterity;" and instanced the case of Jenner; asking, "What English statesman or peer had ever a statue erected to his memory in France, as was done the other day to our countryman?" Very true, doubtless; but still, judging from the countenances of many of the older students, and of some of the younger ones, I am afraid that this allusion of the Sheriff's, as pointing out a possible reward so remote as an incentive to labour, was not received and enjoyed by them otherwise than as "rather a good joke."

Newcastle-on-Tyne, Oct. 6th, 1865.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult:—

Bailey, John Coyte, Plymouth.
Burge, Frederick John, jun., Hammersmith.
Butler, William Harris, Old Charlton, Kent.
Hust, Charles William, Southgate, N.
Kelly, Charles, Market Deeping.
Bedford, George, Normanton, Yorkshire.
Roberts, Griffith Williams, St. Asaph.
Scott, Robert Fullarton, Calcutta.
Thorp, Disney, Maldon, Essex.
Williams, John Babington, Monkton, Kent.

The following gentlemen also on the same day passed their first examination:—

Lardner, Frederick Boulthee, Guy's Hospital.
Meiscn, John Waller, Queen's College, Birmingham.

UNIVERSITY OF EDINBURGH.—The following is a list of candidates who received the degree of Doctor of Medicine, the degree of Bachelor of Medicine, and the degree of Master of Surgery in the above University on August 1st, 1865:—

DOCTOR OF MEDICINE.

Anderson, James Keith, Scotland.
*Barnes, George Robinson, England.
Besnard, Joseph J. Alfred, Auritius.
*Blunt, Thomas, England.
Breda, Peter Johannes Albertus Van, Cape of Good Hope.
Bush, Richard Hake, India.
Campbell, Duncan, Scotland.
Chiappini, Antonio Lorenzo, Cape of Good Hope.
Chisholm, William, Scotland.
*Chiene, John, Scotland.
Compigné, Horatio D. Steel, England.
Compson, John Charles, England.
Cook, John, London.
Corns, James, Scotland.
Dawson, Smith H., British Guiana.
Denton, Thomas John, England.
*Duncan, Andrew James, India.
Evans, Thomas, Wales.
Fentem, Philip Sheldon, England.
Forbes, Walter, Scotland.
Fothergill, John Milner, England.
Gentle, David, Scotland.
Glendinning, Douglas, Scotland.
Gregory, William Henry, England.
Hoggan, Edward, India.
Inman, Robert, England.
Johnston, William, M.A. Aberdeen, Scotland.
Kennedy, John George, Scotland.
Knight, Alex. Angus Halley, Scotland.
Lightbody, William Henry, Wales.
M'Donald, William, Scotland.
*M'Dougall, John Aymers, Scotland.
Mackelvie, Robert, Scotland.
M'Laren, Roderick, Scotland.
*Macpherson, Peter, Scotland.
Morison, John, Scotland.
Renton, George, England.
Richmond, Sylvester, England.
Rockett, Joseph Hildreth, England.
Sabben, James Thompson, England.
Saeur, Ryk Talbagh le, Cape of Good Hope.
Thin, Robert, Scotland.
Thorburn, Robert, England.
Werry, Augustus, Smyrna.
Wright, David, Scotland.
*Wyllie, John, Scotland.

BACHELOR OF MEDICINE.

Fenn, Edward Liveing, England.
Fothergill, Thomas Prince, England.
Greenfield, Charles Bailey, England.
Wolston, Walter T. Pridenux, England.

BACHELOR OF MEDICINE AND MASTER OF SURGERY.

*Aitken, Lauchlan, Scotland.
Armistead, William, England.
Clark, John Barclay, Scotland.
Hamilton, Thomas, Scotland.
*Jamieson, William Allan, Scotland.
*Kirk, Robert, Scotland.
Kirkpatrick, Wm. Hutton, Scotland.
Mitchell, Samuel, England.
*Moore, John Murray, England.
Oman, Nath. Daniel Isaac, Scotland.
Ridpath, David, Scotland.
Russel, Jas. Cunningham, Scotland.
Torrop, James Spens, Scotland.
Warburton, William Pleace, Prince Edward Island.
Wight, George, Scotland.
Wood, Julius John, Scotland.
Young, Walter Wilson, Scotland.

Those gentlemen to whose names an asterisk is prefixed passed the examinations with Honours.

THE Credit Foncier has subscribed 20,000 francs for the sufferers from the cholera in Paris.

DR. B. NORTH ARNOLD, who has just been admitted to the Vicarage of Caverswall, Staffordshire, is a Fellow of the Royal College of Physicians, and Fellow of the Royal College of Surgeons, of London, and practised medicine for many years, taking holy orders in 1862. He served for some time the curacy of Binfield, Berkshire.

LIFE ASSURANCE.—The Briton (and New Equitable) Life Association has just incorporated into its business that of the Britannia, an office of some standing and with a large income. We are glad to see the increasing prosperity of an Association which was the first to do full justice to medical practitioners. The annual income of the Briton is now £180,000.

DR. BLACKBURN, of yellow fever notoriety, has been admitted to bail on his own recognizances to appear when called for, and his sureties have been discharged.

THE number of cholera cases in the Paris hospitals has considerably diminished. No cholera patient has entered the military hospital of Val de Grâce for the last four days. The deaths are diminishing in Paris at least by ten each day, and two-thirds of those attacked are recovering.—*Gazette des Hôpitaux.*

PROVINCIAL MEDICAL CHARITIES.—The friends of the following institutions will be glad to learn that the Rev. Robert Moore, M.A., Canon of Canterbury, who died lately, has bequeathed, free of legacy duty, £100 to each of them:—The Canterbury Hospital, the Canterbury Dispensary, the Maidstone Infirmary, and the Maidstone Ophthalmic Hospital. Sir John Henry Palmer, Bart., of Carlton Park, near Rockingham, Northamptonshire, has also bequeathed £100, free of legacy duty, to each of the infirmaries at Leicester and Northampton. On Sunday last, in most of the churches and chapels in Birmingham and its neighbourhood, the annual charity collection was made; the contributions this year were in aid of the General Hospital of that town, and produced collectively the handsome sum of £1265 15*s.* 2*d.* The highest sum collected at a church was £281. The lowest sum was received from the Jews' synagogue—viz., £100.

OBITUARY.—The death is announced this morning (Nov. 2nd) of John Lindley, M.D., F.R.S., whose name has for many years past been intimately associated with the progress of botanical science. He was born at Catton, near Norwich, in 1799, and was the son of a nurseryman there. His first literary effort, after devoting much of his early youth to the practical details of the science of botany, was the translation of Richard's "Analyse du Fruit" from the French, and the contribution of some papers to the Transactions of the Linnæan Society. After that he proceeded to London, where he was engaged by Mr. Loudon to assist in the production of the "Encyclopædia of Plants." In 1832 he published his "Introduction to Systematic and Physiological Botany," but his *chef d'œuvre* was the "Vegetable Kingdom," which gives a comprehensive view of the structure and uses of the plants of the known world. For more than a quarter of a century Dr. Lindley filled the chair of botany at University College, London, and in 1860 was appointed examiner in the University of London. He was Ph.D. of the University of Munich, Fellow of the Royal, Linnæan, and Geological Societies, and corresponding member of many continental and American learned bodies. In 1858 he received the medal of the Royal Society in reward of his services to the modern sciences. Dr. Lindley had edited the horticultural department of the *Gardener's Chronicle* from its commencement in January, 1841, to the present time—within two months of twenty-five years.—*Pall-mall Gazette.*

MEDICAL VACANCIES.

Flintshire Dispensary—House-Surgeon or Dispenser.
Kent and Canterbury Hospital—Surgeon.

MEDICAL APPOINTMENTS.

J. J. BEER, M.R.C.S.E., has been appointed Senior Resident Dispenser to the Westminster Hospital.

Mr. C. J. BEVAN has been elected Medical Officer for the Workhouse of the Cardigan Union, *pro temp.*, vice D. Mathias, M.R.C.S.E., resigned.

T. BOYLE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 5 of the St. Colum-Major Union, Cornwall, vice Mr. G. Jewel, deceased.

J. H. BRIDGES, M.D., has been elected President of the Bradford Medico-Chirurgical Society, vice R. H. Meade, F.R.C.S., resigned.

A. BUIST, M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Tibbermore, Perthshire, vice John Nairne, M.D., deceased.

R. COULTER, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Scotstown Dispensary District of the Monaghan Union, vice S. J. Graydon, M.D., resigned, and appointed to the Coal Island Dispensary District of the Dungannon Union.

R. H. D. DAVIS, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Dunkineely Dispensary District of the Donegal Union, vice D. Greene, L.R.C.S.I., resigned.

J. HEARSEFIELD, M.R.C.S.E., has been elected House-Surgeon to the South Shields and Westoe Dispensary, vice W. J. Wane, M.R.C.S.E., resigned.
W. HICKMAN, M.B., F.R.C.S., has been appointed Surgeon to the Western General Dispensary.
N. G. MERCER, M.D., has been elected House-Surgeon to the Clayton Hospital and Wakefield General Dispensary, vice H. O. F. Butcher, M.R.C.S.E., resigned.
Mr. J. NORRISH has been elected second Medical Officer and Dispenser of the Torquay Infirmary and Dispensary.
W. RUTHERFORD, M.D., has been appointed Assistant to the Professor of the Institutes of Medicine in the University of Edinburgh.
H. SUTCLIFFE, M.R.C.S.E., has been appointed Medical Officer for the South-East District of the Westbromwich Union, vice W. J. Kite, M.R.C.S.E., whose appointment has expired.
R. N. TOWNSEND, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator to the Glanmire and Brooklodge Dispensaries in the Carrignavar Dispensary District of the Cork Union, vice P. R. Tivy, M.R.C.S.E., resigned.
A. E. H. TROTTER, M.R.C.S.E., has been appointed an Hon. Surgeon to the Stockton-on-Tees Dispensary, vice J. H. Whiteside, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

On the 5th of Aug., at Rawul-Pindee, the wife of J. E. Clutterbuck, M.D., of the 42nd Highlanders, of a son.
On the 7th of Aug., at Bhooj, Cutch, the wife of Surg.-Major Trestrail, of the 18th Native Infantry, of twins, a daughter and son.
On the 13th of Aug., on board the "Flying Cloud," off Morton Bay, Queensland, on the homeward passage, the wife of E. Bucknill, M.D., of a son.
On the 17th of Aug., at Montserratt, Kandy, Ceylon, the wife of A. W. Baylis, M.R.C.S.E., of a daughter.
On the 16th ult., at Upper Seymour-street, Portman-square, the wife of W. H. Broadbent, M.D., of a son.
On the 21st ult., at Grosvenor-street, Grosvenor-square, the wife of A. Todd, M.B., of a son.
On the 21st ult., at Alnwick, Northumberland, the wife of H. Candlish, M.D., of a son.
On the 22nd ult., at Upper Stamford-street, the wife of Dr. J. I. Menzies, of a daughter.
On the 23rd ult., at St. Andrews, the wife of M. F. Heddle, M.D., Professor of Chemistry in the University of St. Andrews, of a son.
On the 24th ult., at Gifford, East Lothian, the wife of J. Jeffrey Hardesty, L.R.C.P. & S. Edin., of a daughter.
On the 28th ult., at Great Wellington-street, Paisley-road, Glasgow, the wife of J. White, M.D., of a daughter.
On the 28th ult., at the Barracks, Westport, the wife of Dr. T. H. Burke, Surgeon South Mayo Rifles, of a daughter.
On the 29th ult., at King's-park-place, Greenhead-street, Glasgow, the wife of J. M'Intyre, L.R.C.S.Ed., of a daughter.
On the 1st inst., at Ker-street, Devonport, the wife of Wm. Paul Swain, Surgeon, of a son.

MARRIAGES.

On the 18th ult., at Egremont, J. Brockwell, M.R.C.S.E., of Cleator, Whitehaven, to Miss Lawson, daughter of the late G. Lawson, Esq.
On the 24th ult., at Trinity Church, Paddington, Thos. Wade, M.R.C.S.E., of Mirfield, Yorkshire, to Laura, daughter of the late D. T. Clarke, Esq.
On the 26th ult., at All Saints, Stonebridge, Dalston, J. T. Pattisson, L.R.C.P.L., of Kingsland-road, to Eliza Pain, daughter of the late T. Gardner, Esq.

DEATHS.

At Earlston, Berwickshire, James Gibson, L.R.C.S.Ed.
At Lowestoft, F. J. Basset, Surgeon, late of Finsbury and of Brixton.
On the 18th of June, at Collingwood, near Melbourne, Victoria, J. Spode, M.R.C.S.E., aged 35.
On the 14th of July, at Sydney, Dr. R. Harthill, late Surgeon 69th Regiment.
On the 12th of Aug., at Dalingkote, Bhootan, M. J. S. Perreau, M.R.C.S.E., Assist.-Surgeon, aged 27.
On the 15th of Aug., at Calcutta, J. L. V. Gregory, M.R.C.S.E., of Rissly, Bedfordshire, Surgeon Government Emigration Service, aged 43.
On the 16th of Aug., at Prome, Burmah, F. Barlow, M.D., Civil Surgeon.
On the 23rd of Aug., at Flacq, in the Mauritius, from the upsetting of a boat, N. L. Gray, L.R.C.S.I., Assist.-Surgeon 13th Regiment.
On the 25th of Sept., at Cork, Wm. Bain, M.D., Surgeon of the District Military Prison, Cork, formerly Surgeon 34th Regiment.
On the 2nd ult., W. P. Brookes, M.D., of Weston-super-Mare, aged 46.
On the 26th ult., T. S. Jones, F.R.C.S.E., of Ely, aged 77.
On the 28th ult., at Netley, Southampton, Wm. Hanbury, L.R.C.S.I., Staff Surgeon Army, late of the 33rd Regiment.

To Correspondents.

Spes, (Evercreech.)—There is no evidence in the report that the inquiry before the Inspector was in any way instigated by the gentleman more immediately referred to. Innendoes and vague reports are not sufficient grounds on which to found a charge against a public officer. If complaints are made to us, we expect evidence will be afforded that they have some proper foundation. It cannot be expected by any reasonable person that we should seek for such evidence. If "Spes" can prove only a very small portion of his assertions respecting the reports propagated to his injury, his proper remedy is a court of law, in which an action, no doubt, would be successful. A public journal is not the proper medium for discussing such matters. With reference to the duties of the medical officer, as laid down by the Inspector, he is, no doubt, right.

MR. WILLIAM RENDLE AND THE SURREY MAGISTRATES.

Mr. William Rendle addressed a letter to the Surrey magistrates on his withdrawal from his candidature for the office of surgeon to the County Gaol. Mr. Rendle, whose name is honourably associated with many sanitary improvements, was, of course, accepted as a candidate, and he ceased to be so on grounds that we must regard as positively demanding some explanation from the magistrates. He states his wish to explain the reasons of his withdrawal in the following words:—

To the Magistrates of the County of Surrey.

MY LORDS AND GENTLEMEN,—The terms of the advertisement are that the visiting justices will investigate the testimonials and qualifications of the candidates; and as nothing more is said, it is implied that all whose testimonials and qualifications are fit and equal would be so presented. The election is announced to take place on Tuesday, 17th of October, at Kingston. I respectfully submit that the visiting justices have, by their act of preference of one over four other absolutely equal men, already made the election, or have made a fair election all but impossible. *Three of the five candidates have already resigned upon the ground only that there is unreasonable preference, and not a fair election, and the fourth proceeds with the feelings of a man whose case is prejudged.* I am authorized by the candidates referred to to say this, and I am thoroughly convinced of it myself. The candidates were few, only five, and I believe, in the estimation of the profession to which they belong, as nearly as it is possible to find, men of absolute equality. This being the case, the decision of the preliminary committee, the visiting justices, in favour of one only, after all had been pronounced fit and eligible, is, so far as could be done, to take the election out of the disposal of the magistrates at quarter sessions, except only as a mere matter of form. This state of things the public advertisements, which created the candidature, not only did not set forth, but they appear to set forth the contrary—namely, that the real or *bonâ-fide* election would be at Kingston. I respectfully submit that private knowledge and private preference avowed in this case by some magistrates would, in the case of equal men, be a legitimate reason for choice at quarter sessions; but in a preliminary committee a most unreasonable thing, inasmuch as it might—I do not say it did—among a few friends or among magistrates with particular kindly leanings, place one candidate in a state of almost absolute certainty of success, and others, at least equal in their qualifications for the public service, in a state of almost absolute certainty of failure. I respectfully submit that this is not fair towards equal men in an educated profession, and that the election at Kingston, after this preliminary preference, will not be a real and fair election according to the words of the public advertisement.

After obtaining advice, and having well considered the matter, I submit that the standing order as to preference of candidate or candidates is either not applicable in the present case, or that it has been unduly strained in favour of the preferred candidate, and in support of this view it would not be difficult to give reasons. But this, I submit, concerns the magistrates, and not the candidates. No doubt a fair election is intended, and except by mistake,—a mistake which may even yet be amended,—it cannot for one moment be supposed that gentlemen, such as the visiting justices are known to be, would favour an unfair election. What the candidates have to do with is the public advertisement. In this respect the five candidates have complied, and are pronounced fit. They are all "members of the College of Surgeons," "licentiates of the Apothecaries' Company;" they appear to be "in good health;" they are "able-bodied and married;" they reside within the prescribed distance, and they are willing to perform the duties for the sum stated, although I think it is believed to be a small payment for so important a duty. Not one word hinting at selection or preference is to be found in the advertisement, or that the visiting justices, after investigating qualifications and testimonials, will advise in any particular or preferential way. If there had been a very large number of candidates, as there are sometimes, it might, I submit, have been fair to present a few; or if the qualifications had been found manifestly unequal, or if any had been found in any sense unfit, then it might have been fair to leave them out, and present only the fit and proper candidates, leaving these last to make their own way with the magistrates, who according to the advertisement would elect.

In this case one only is chosen out of five equal men. This selection, I think, virtually prevents election. I submit that it cannot be avowed, or at least in any way proved, that the one so selected is superior in any sense to either of the others. This is not said out of any or the least dislike to him; on the contrary, he has the very highest respect of every one of the candidates, and nothing, I am convinced, would lead any of them to say one word in this matter except in that they all desire, in a public competition of this sort, a free and fair election.

40, Newington-causeway, October 16th, 1865.

Mr. Rendle has performed a public service in issuing the above remonstrance. The system of election to offices generally, we fear, is not followed out in that impartial manner which candidates have a right to expect. It is probable that the visiting justices will not plead to the indictment which Mr. Rendle has preferred against them; but it is a matter which demands grave consideration and a remedy.

Mr. J. Davison, (Kirton.)—If certificates for Club patients are charged for at all, then 2*s.* 6*d.* is not too much; but, as a rule, such documents are given to the patients, who are seldom in a condition to pay for them. The case in point is no exception to this rule. Mr. Stiles might have written more courteously, but not more to the purpose.

Senex.—The disease is far from being uncommon, and is as obstinate to treatment as it is frequent. A medical practitioner should be consulted.

CHILBLAINS.

To the Editor of THE LANCET.

SIR,—Will any of your correspondents kindly inform me what is the best remedy for unbroken chilblains? I am a regular martyr to them. I have tried tincture of iodine, spirit of camphor, and a host of other things, without deriving any benefit from them.

Yours obediently,
October, 1865. A CHEMIST'S ASSISTANT.

Dr. Palmer (Upper Southwick-street, Hyde-park) writes to express his satisfaction at the recent articles in which we replied to the extraordinary attack upon medical science in the leading journal; and in the course of a singularly able letter, which is, however, too long for insertion, he suggests that we did not sufficiently give prominence to the fundamental consideration. "The consideration is that we *must* all die; that our art *must* fail once at least in the case of every human being; that one problem presented to us by each of the subjects of our skill *must* inevitably be incapable of solution: thus an element of certain and unavoidable failure, not present as a necessary condition in any of the sciences with which ours is compared, exists in the healing art. For there is no reason in the nature of things why the exact and allied sciences *must* be wrong once in each subject they treat of; why astronomers *must* miscalculate or chemists make mistakes; failure, inevitable failure, does not underlie certain of their recognised operations, and oppose an insurmountable obstacle to perfect success. There is no decree of the Almighty against which their professors have to struggle and surely fail."

M.D.—There is no rule. The new-comer generally calls on the residents.

TREATMENT OF INCONTINENCE OF URINE.

To the Editor of THE LANCET.

SIR,—In reply to your inquirer, "L.R.C.P.L.," who says that his son, who is now ten years of age, suffers from the above great inconvenience, as well as habitual constipation, I would suggest a trial of the following treatment:

From the history of the case, it appears that there is cerebro-spinal debility, and consequently a want of tone in the muscular coats of the bladder and intestines, and hence the two evils which naturally follow. As regards the wearing of an apparatus, I always deprecate its use, as it induces such a constant habit of voiding the urine, and thus irritability of the bladder. Of this Mr. Edward Cock always made a great point, as it always made the cases more obstinate to cure. The bladder, no doubt, gets overfilled, and the ring of yellow elastic tissue situated at the neck becomes so distended that it ceases to act as a sphincter, and the urine is voided; so that I should look upon the case as *retention* rather than incontinence, the urine being *retained* until this happens. Strychnine or nux vomica will be found of the best service, which will give tone to the muscular fibres of the bladder, and intestine also, and so remedy the constipation. Counter-irritation to the lower extremity of the spine by means of blisters often does much good, but more in cases of nocturnal incontinence. I have heard Dr. Gull say that it was because the child was prevented lying on its back by the sore induced, so that the most sensitive part of the bladder, the trigone, was not stimulated by the weight and irritation of the urine, and thus no reflex spinal act was induced. The constrictor urethræ, or Guthrie's muscle, being a voluntary muscle, and situated around the urethra, has little to do with the power of retention, except the will be exercised in what one might call forcible retention. I recommend strychnine and the cold douche, with moral training, getting him to micturate at *regular* intervals, prolonged from day to day. Habit is a great point, and hence the abuse made of urinals, which persons who wear them are always making use of.

Yours faithfully,

Upper Norwood, October 16th, 1865. SIDNEY TURNER, M.R.C.S.

To the Editor of THE LANCET.

SIR,—In your number of October 14th, one of your correspondents relates a case of the above painful calamity in one of his sons, and states how unavailing his treatment of this special case has been. Anxious as he is for any suggestion likely to serve him, I have ventured to make the following:—

Perhaps his son suffers from phimosis. I have met with several cases in which incontinence of urine has been due to this malformation. In three of them I have removed the foreskin with immediate and permanent good. In others I have had reason to think that the cases have been taken to more distinguished men, who have made a good case by following my suggestion, on the principle of "sic vos non vobis." Where incontinence of urine depends on phimosis, the prepuce is unusually long, and the lining membrane of the superfluous structure has become hard and cord-like to the touch; a portion of urine is left after each urinary evacuation, and the urethra becomes irritated, and by sympathy forces the bladder to empty itself.

Whether this or any other explanation can bear the test of physiological reasoning, the fact remains that I have, first, met with many cases of this sort where nothing abnormal could be seen except phimosis; and secondly, that in three of these cases I have excised the entire foreskin, and have thus ended the incontinence of urine instantly and permanently. Many of these patients, unwilling to submit, have suffered from their illness indefinitely. But there can be no difficulty about your correspondent's son if his be a case of this sort.

I remain, Sir, yours truly,

St. Ives, Hunts, October 23rd, 1865. J. D.

Obstetricus.—Naegelé's admirable essay on the Mechanism of Parturition was published in 1818. The latest monograph with which we are acquainted on this subject is by Dr. Leishman; but the question is fully discussed in all the recent standard books.

C. C.—The report in question has not any foundation in truth. Our correspondent may postpone his intentions with great propriety.

A. P. Y. H. should consult some respectable surgeon, who, no doubt, would be able to treat the case.

Mr. W. B. Kesteven.—A short account of the cases would be acceptable.

AGUE; LARYNGEAL PHTHISIS.

To the Editor of THE LANCET.

SIR,—If your correspondent, "M.D." (in your journal of October 21st), will try the following remedies in the above diseases, I think he will not regret doing so:—

In the former, give three grains of bromide of potassium thrice a day in spring water.

In the latter, of chlorie ether give twelve minims; chloroform, six minims; chlorate of potash, two grains and a half; camphor mixture, one ounce. Make a draught, and to be repeated two or three times a day.

I am, Sir, your obedient servant,

October 24th, 1865. A. R. P.

Clement.—We can recommend either of the two following monthly medical publications:—*Bulletin de Thérapeutique*, edited by Dr. Brichsteau, 4, Rue Thérèse, Paris; or *Archives Générales de Médecine*, chez Labé, Place de l'École de Médecine, Paris. The first is highly practical, aims at an exclusively therapeutic character, and avoids theoretical discussions. The second is more scientific, and treats most of the questions of the day both from a theoretical and practical point of view. We are not aware of any *quarterly* publication of the kind.

Mr. Frederick Lewis.—He cannot grant a degree which would be registered. Therefore it would be of no possible avail to its possessor.

J. D. W. shall receive a private note.

Adam.—A residence at Bath or Vichy for a time might be beneficial.

PROTRACTED HYSTERICAL APHONIA—SUCCESSFUL TREATMENT BY DR. CHAPMAN'S ICE-BAG.

To the Editor of THE LANCET.

SIR,—As hysterical aphonia is in many instances most rebellious to treatment, perhaps you will allow me space in your widely-circulated journal to draw the attention of the profession to the following case:—

A young unmarried woman, aged twenty-two, schoolmistress, was admitted into the Weymouth Sanatorium on October 4th, 1865, labouring under complete aphonia, together with loss of the power of articulation. Her history was, that about twenty weeks previously she suddenly lost her voice, though she could speak in a whisper, which state continued thirteen weeks, when, having been seized with diphtheria, for which she was medically treated, she also lost the power of articulation. From that time till her admission she was, in fact, quite dumb. The catamenia were regular, but scanty.

Dr. Smith at first ordered valerian, bromide of potassium, and other anti-hysterical remedies; but, as these were of no avail, on the 20th one of Dr. Chapman's ice-bags was applied along the spine from the nape of the neck to the fifth or sixth dorsal vertebra, and kept on until the ice was melted. After the lapse of twenty minutes the patient began to speak in a whisper, and in the course of a few hours the voice was perfectly restored!

Not wishing to trespass at length upon your valuable space with theory, I will merely observe that the ice would appear to depress that hyper-polarity of the spinal cord which is the *sine qua non* of all hysterical phenomena. I may also state that I have just seen a case of obstinate diarrhœa which yielded only to the ice-bag applied to the lumbar vertebræ. I feel, therefore, that our profession is under an obligation to Dr. Chapman for having introduced and rendered available that potent therapeutic agent, ice.

I remain, Sir, your obedient servant,

Weymouth, October 30th, 1865. J. MOORHEAD, M.D.

Iota.—1. The sulphite of soda may be combined advantageously in many cases with infusion of quassia.—2. The following is a very good receipt for the manufacture of unfermented bread:—Flour, one pound; bicarbonate of soda, forty grains; water, half a pint; muriatic acid, fifty drops.

THE communication of *Dr. Lowe* (King's Lynn) shall appear in an early number.

Mr. G. Garrett.—Of hydrogen and oxygen.

J. W. N.—There is, we believe, no such institution; but it is probable a "home" might be found for the invalid if the requirement were advertised.

TREATMENT OF ULCERS OF THE LEG.

To the Editor of THE LANCET.

SIR,—I am desirous of bringing before the notice of the profession a method of treating ulcers of the leg, which has of late fallen greatly into disuse, but which is, nevertheless, in my opinion, far superior to the modern practice, and far more successful. It is clean, simple, and inexpensive; moreover, it entails little or no bother on the medical attendant after the first application. It consists in moulding a piece of lead-sheeting to the leg, and keeping it fast by means of a turn or two of bandage. Besides pressure and moisture being thus maintained, some stimulation is probably given to the part by the formation of one of the salts of lead. All ulcers seem to improve under its use, since I have tried it with marked benefit in the healthy, weak, indolent, inflamed, and phagedenic: raised edges become rapidly absorbed or pressed down, surrounding inflammation disappears, sloughs separate, and granulations arise.

Hoping that others will be able to testify to these facts,

I am, Sir, your obedient servant,

F. P. ATKINSON, M.B., &c.

St. Bartholomew's Hospital, Rochester, October, 1865.

Studens.—The biniodide and the bichloride are the more potent forms, the protoiodide and the chloride the weaker agents; but all are powerful drugs, and not to be played with.

Veterinarian.—The disease would appear not to be typhoid fever; so much, at least, is pretty certain.

X. (Victoria-park-road.)—We do not find in the regulations of the University in question any reference to the "extra studies."

David Re.—The malady is more frequent in warm climates than in cold ones.

WRITING FOR THE BLIND.

To the Editor of THE LANCET.

SIR,—The method of *printing* in embossed characters for the blind has conferred on many the great benefit and comfort of being able to read. It is farther much to be wished that some plan could be adopted of *writing* in raised letters, and *drawing* geometrical figures and simple outlines; as, for instance, by a *tangible ink* or some similar means, such as a substance sufficiently soft or fluid to be used with a pen or pencil in writing or drawing, which would quickly harden and dry on being laid on paper, so as to present a raised character or figure distinguishable to the touch of the blind.

I am, Sir, yours faithfully,

A RETIRED MEDICAL PRACTITIONER.

Montpelier-grove, Cheltenham, Oct. 9th, 1865.

P.S.—Any suggestions on this subject would be gladly received either by myself or by Mr. E. Moore, Secretary to the Home Teaching Society for the Blind, 600, New Oxford-street, London, W.C.

Reader.—There is a very good engraving of the statue erected to the memory of Sir James M'Grigor, M.D., Bart., at Chelsea, in the *Illustrated London News* of last week. The memoir accompanying it is copied from an article in THE LANCET.

Mr. Jacob Brown should apply to some respectable surgeon.

CONSANGUINEOUS MARRIAGES.

To the Editor of THE LANCET.

SIR,—As it is true that every effect must have resulted from some cause, so is it natural to ascribe a special cause for every effect. But a wrong relationship has been often assigned to conditions simply associated, when, through the desire to attain to knowledge and escape from a state of ignorance and doubt, conclusions have been rapidly rushed to.

Respecting the cases with the above heading referred to in your impression of October 28th, if Mr. Curgenven will refer to the paper from which he has partially quoted, he will find, in addition to the evidence of moral degradation derived from the fact itself of the incestuous alliance, other proofs of the same kind on the part of both parents.

As regards the prevaricating pair Mr. Curgenven has himself met with, if he will give the immoral couple's family histories with respect to disease and crime (if signs of such existed therein), we shall be better prepared to judge whether the degenerate condition of the children resulted solely from the closeness of the parents' blood relationship. For it seems more probable that in these cases the morally degraded parents are the primary, and the degenerate offspring the secondary and transmitted effects of deteriorating causes pre-existent in the ancestry; the parents being already degenerate, the children become so of necessity.

I am, however, at a loss to know how evil conditions manifested in the offspring of an incestuous union between a pair of criminals lacking natural affection can bear adversely upon the general question of marriages between healthy cousins (such as the instances brought forward by M. Voisin, and quoted in THE LANCET of Oct. 14th), or upon the question of consanguineous marriages in the usual acceptation of the term.

I remain, Sir, yours obediently,

October, 1865. GENESIS.

Alethes.—Every person is not susceptible to the variola poison; but most persons are.

Nemo.—Yes, and for twenty years or more. Cases are on record in which the pulse was not half the number stated.

THE CLIMATE OF BATHURST, RIVER GAMBIA.

To the Editor of THE LANCET.

SIR,—Your correspondent, Mr. E. Dyer, wishes to know something respecting the climate of Bathurst, River Gambia. Having had the misfortune to serve in that part of the world for some years, perhaps I can give him the information he desires. It shares in common with all the West Coast of Africa the character of being one of the worst climates in the world; but, in comparison with some other parts of the coast, is perhaps rather less detrimental to the European constitution. The colony is surrounded by alluvial swamps; good water is scarce, and often difficult to procure. From July to November is considered the most unhealthy part of the year, and every European who can then leaves the settlement. During the months of September and October the rain falls heavily, increasing to an enormous extent the bulk of the river, which, as it subsides on the return of fine weather, leaves behind it lagoons and marshes, which, as far as our knowledge of the sources of malaria leads us to infer, forms centres of emanations of this effluvia. During what are called winter months, from December to April, the climate is not unpleasant; a refreshing, cool wind generally blows morning and evening, and the thermometer falls from upwards of 90°, which is its usual standard in the hot months, to 62° or thereabouts. As a place for an invalid, nothing, I imagine, could be much worse. The climate is most enervating, and the patient is continually exposed to marsh emanations, a tropical sun, and all other evil influences which combine on this coast to make it so fatal to Europeans.

I remain, Sir, your obedient servant,

W. JAMES, L.K.Q.C.P., Surgeon R.N.

H.M.S. *Gladiator*, coast of Ireland, Oct. 25th, 1865.

Mr. Furnivall's paper has been mislaid. If he will furnish us with another copy, it shall be inserted.

Charles Robert S.—Chiefly Anatomy, Physiology, and Chemistry the first year.

"EXTRAS" IN MIDWIFERY CASES.

To the Editor of THE LANCET.

SIR,—"Johan de Blois" will find that the guardians themselves decide the amount they will pay to their medical officer for what constitutes an "extra," without regard to Consolidated Orders or any other authority. Let me state a case.

A midwifery order was sent to me to attend a woman living about two miles from my house. When I arrived I found it to be a case of arm and funis presentation. I was not in the patient's house more than one hour. The woman went on well, and my attendance lasted for about a fortnight. In my next weekly report I named the fee of £2 under article 183. I then received a note from the clerk to the guardians, requesting particulars of the case before they granted the extra fee. These I duly sent, and in the meantime, evidently at the instigation of the Board, the relieving officer called at the woman's house to find out how long I was detained at the case. After hearing all particulars, I was awarded £1 for the case. I was not satisfied with this. I therefore wrote to the Poor-law Board to ask whether this was a case contemplated by art. 183 of the General Orders. The Poor-law Board sent a copy of my letter to the guardians, and requested a reply. They replied to the effect that they saw no reason to alter their original decision. The Poor-law Board sent me a copy of the guardians' reply, and I was so disgusted that I let the matter drop.

I confess I was under the impression that the Poor-law Board was a court to decide such cases as these; but it seems they are not so, for they neither give a decision in a case nor enforce their own General Orders.

My opinion of the guardians is, that if I had blundered over the case for twelve hours, and sent for two or three medical men to assist me, they would have paid the proper fee; but I contend that such matters should not be left to the decision of such men as generally fill the office of Poor-law guardians.

I remain, Sir, yours obediently,

October 30th, 1865. A DISTRICT MEDICAL OFFICER.

L. F.—Nothing can be more absurd than to suppose that a medical practitioner gains or loses dignity either by the formal observance of such a custom as wearing a white neckcloth or by dispensing with it. The respect of intelligent persons will be gained by the qualities of the man, and not by his dress. Our correspondent may please his own fancy or adapt himself to the prejudices of his friends just as he feels disposed. We have no opinion to give on the subject.

F.—Strong coffee and strong green tea are antagonistic to the effects of opium.

J. G.—1. In the hands of the Government Commissioners of Emigration.—2. The appointment is permanent.

A Nurse.—Animal charcoal, Condy's disinfectant fluid, iodine, kreasote, glycerine, &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Chambers; Dr. Merriman; Dr. Handfield Jones; Mr. Brown, Antigua; Mr. Buck; Mr. Churchill, Edinburgh; Mr. Sutcliffe, West Bromwich; Mr. Murphy; Mr. Lewis, Llwyncelin; Mr. Lomas; Mr. Gonder, Bradford; Mr. F. Mason; Dr. Hall, Sheffield; Dr. James; Mr. Kesteven; Mr. Nicholson (with enclosure); Dr. Markbreiter, Vienna; Mr. Ellis, Redcar; Dr. Moorhead, Weymouth; The Lord Provost of Edinburgh; Mr. Cooper, Cromer; Mr. Barr; Dr. Baumler; Mr. Garrett; Mr. Davison; Mr. C. J. Fox; Mr. Grosvenor; Mr. Nimmo; Dr. Walker, Hanley (with enclosure); Mr. May; Dr. T. Fox; Mr. Rayner; Dr. Edsaunds; Mr. Packard (with enclosure); Dr. Cavania, Sheffield; Mr. Godfrey, Northampton; Mr. Hull; Mr. Truman; Mr. Ellis, Bristol; Dhonghur Singh; Dr. Jeannerot; Dr. Tuson, Abbotabad; Dr. Morris, Taunton; Mr. Tomlin; Mr. Kirwan, Howth; Mr. Griffin; Mr. Kerr; Mr. Merryweather (with enclosure); Mr. Eyre; Mr. Douglas; Mr. Swyer; Mr. S. C. Smith; Mr. Coleman; Dr. Lowe, King's Lynn; Dr. Hickman; Mr. Hewett; Mr. Edmonds; Mr. Sigston; Mr. Skinner; J. W. N.; Spes; An Idle Invalid; P., Subscriber; Pharmaceutical Society; Nemo; A. A.; A Bengal Surgeon-Major; J. G.; An Old Assistant; O. R.; M.D.; J. C. K.; A District Medical Officer; S. W.; Microscopical Society; T. P. H.; Omega; Genesis; E.; A Medical Officer; A Militia Surgeon; A. P. Y. H.; W. C. K.; One of the Committee; Student; Anthropological Society; Robertus; K. T.; J. H.; Ganglion; &c. &c.

THE *Jamaica Tribune*, the *Northern Daily Express*, the *Jamaica Standard*, and the *Jamaica Morning Journal* have been received.

Medical Diary of the Week.

Monday, Nov. 6.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ODONTOLOGICAL SOCIETY.—8 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Address by the President.—Dr. Fredk. J. Brown, "On Epidemic Cerebro-Spinal Meningitis at Rochester."
MEDICAL SOCIETY OF LONDON.—8 P.M. General Meeting for Alteration and Revision of Laws.—Dr. Althaus, "On Degeneration of the Posterior Column of the Spinal Cord."—Mr. Leonard Clark, on the same subject.

Tuesday, Nov. 7.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. "Report on the Ethnological Papers read at the Meeting of the British Association in Birmingham."—Captain L. Wildman, R.N.: "Notes on the Manners and Customs of the People about Little Popo, Bight of Benin."—Dr. Cullen, "On the Darien Indians."

Wednesday, Nov. 8.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
MICROSCOPICAL SOCIETY.—8 P.M. Mr. Jabez Hogg: "Further Observations on the Vegetable Parasites infesting the Human Skin."

Thursday, Nov. 9.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 10.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Nov. 11.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.